

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094028

**Entity Name:** CENTRAL FLORIDA OFFICE VENTURES, LLC

**Current Principal Place of Business:**

302 KNIGHTS RUN AVE., SUITE 1000  
TAMPA, FL 33602

**Current Mailing Address:**

302 KNIGHTS RUN AVE., SUITE 1000  
TAMPA, FL 33602 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS LAW GROUP, P.A.  
302 KNIGHTS RUN AVENUE  
SUITE 1000  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name LM FUNDING, LLC  
Address 302 KNIGHTS RUN AVENUE, SUITE  
1000  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK SILCOX

MANAGER

04/29/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date