

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000051933

**Entity Name:** FINANCIAL RESOURCES FLORIDA II, LLC

**Current Principal Place of Business:**

7950 NW 53RD STREET  
MIAMI, FL 33166

**Current Mailing Address:**

PO BOX 53345  
SHREVEPORT, LA 71135 US

**FEI Number:** 45-5064205

**Certificate of Status Desired:** Yes

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

OFFIX SOLUTIONS, LLC  
7950 NW 53RD STREET  
MIAMI, FL 33166 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           MANAGER  
Name           DEBERARDINIS, DAVID  
Address        PO BOX 53345  
City-State-Zip: SHREVEPORT LA 71135

*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:** DAVID DEBERARDINIS

MANAGER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date