

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000045623

**Entity Name:** CLINFOX FINANCE LLC

**Current Principal Place of Business:**

12525 ORANGE DRIVE SUITE 705  
DAVIE, FL 33330

**Current Mailing Address:**

12525 ORANGE DRIVE SUITE 705  
DAVIE, FL 33330

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AMEGLIO, LUIS A  
12525 ORANGE DRIVE SUITE 705  
DAVIE, FL 33330 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 MGRM  
Name AMEGLIO, LUIS A  
Address 631 WOODGATE CIR  
City-State-Zip: SUNRISE FL 33326

Title MGRM  
Name ANTONIO ISSE, MARCO  
Address 886 SUNFLOWER CIRCLE  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name KEUENECKE ISSE, DENISE  
Address 886 SUNFLOWER CIRCLE  
City-State-Zip: WESTON FL 33326

*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:** LUIS AMEGLIO

**MANAGER**

**02/27/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date