

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000138812

**Entity Name:** GOODFRIEND FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

17843 A MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

C/O DAVID A HOLMES, ESQ/FARR,FARR,EMERICH,  
99 NESBIT ST.  
PUNTA GORDA, FL 33950

**FEI Number: 46-4185568**

**Certificate of Status Desired: No**

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

HOLMES, DAVID A ESQ.  
FARR,FARR,EMERICH,HACKETT AND CARR, P.A.  
99 NESBIT ST.  
PUNTA GORDA, FL 33950 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           GOODFRIEND, BRIAN  
Address        17843 A MURDOCK CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33948

*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: BRIAN GOODFRIEND**

**MANAGER**

**03/21/2014**

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

\_\_\_\_\_  
Date