

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005785

Entity Name: SOUTH FLORIDA FINANCIAL SERVICES, LLC

Current Principal Place of Business:

499 OLD KINGS HIGHWAY
MAPLE SHADE, NJ 08052

FILED
Apr 21, 2014
Secretary of State
CC5456019961

Current Mailing Address:

499 OLD KINGS HIGHWAY
PO BOX 39
MAPLE SHADE, NJ 08052 US

FEI Number: 27-4285963

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHRIST, JOHN
900 E. SUNRISE BLVD
FT LAUDERDALE, FL 33304 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: JOHN CHRIST

04/21/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name CARISS, W. J
Address 7411 MAPLE AVENUE
City-State-Zip: PENNSAUKEN NJ 08109

Title VP
Name GARDNER, G.
Address 911 NE 2ND AVENUE
City-State-Zip: FT. LAUDERDALE FL 33304

Title EVP
Name WINSLOW, S. A
Address 700 EAST SUNRISE BLVD
City-State-Zip: HOLLYWOOD FL 33304

Title ST
Name STUMER, STEVEN M
Address 10100 NW 10 STREET
City-State-Zip: PLANTATION FL 33322

Title AS
Name MULLIN, K A
Address 7411 MAPLE AVENUE
City-State-Zip: PENNSAUKEN NJ 08109

Title CONTROLLER
Name CHRIST, JOHN
Address 499 OLD KINGS HIGHWAY
PO BOX 39
City-State-Zip: MAPLE SHADE NJ 08052

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: JOHN CHRIST

CONTROLLER

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date