

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000007703

1. Entity Name
ARMED FORCES FINANCIAL NETWORK, LLC



Principal Place of Business

**5201 WEST KENNEDY BOULEVARD, SUITE 915
TAMPA, FL 33609**

Mailing Address

**5201 WEST KENNEDY BOULEVARD, SUITE 915
TAMPA, FL 33609**



03022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0621169

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
400 NORTH ASHLEY DRIVE, SUITE 2300
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEFENSE CREDIT UNION COUNCIL
601 PENNSYLVANIA AVE., N.W., SUITE 600
WASHINGTON, DC 200042601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TRANSACTION SERVICES, INC.
5201 W. KENNEDY BLVD., SUITE 915
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ASSOC. OF MILITARY BANKS OF AMERICA
6728 KIRK LANE
WARRENTON, VA 20187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000667642
03/26/07-80036-017 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *David Weber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-8-2007

Date

813-739-2367

Daytime Phone #

*David Weber
President*