

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90404 008 ***138.75

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**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC

CR2E083 (12/07)

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

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

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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

Date

Daytime Phone #

2-18-2008

813-

739-2367