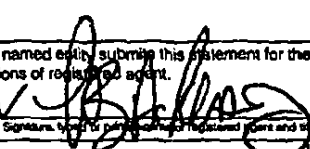
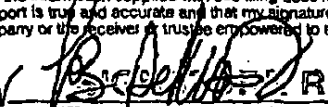


FILED
Jun 13, 2003 8:00 am
Secretary of State

05-02-2003 90564 044 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000009626					
1. Entry Name GREAT AMERICAN FINANCIAL, LLC					
Principal Place of Business 8 BROADWAY AVE., STE. A KISSIMMEE FL 34741			Mailing Address 8 BROADWAY AVE., STE. A KISSIMMEE FL 34741		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1058409	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ACKLAND, LAWRENCE B 8 BROADWAY AVE., STE. A KISSIMMEE FL 34741				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entry 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  DATE					
NOTE: Registered Agent signature required when reappointing.					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS / CHANGES	
	MANAGER			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	LARRY ACKLAND	8 BROADWAY AVE SUITE A	KISSIMMEE, FL 34741	Change Addition	
	MEMBER			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	STEPHEN LAYCOCK	8 BROADWAY AVE SUITE A	KISSIMMEE, FL 34741	Change Addition	
				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				Change Addition	
				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				Change Addition	
				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				Change Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SPOUSAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

44004338

☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)