2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L02000023971

Entity Name: COMMERCE SERVICES FINANCIAL, LLC

Current Principal Place of Business:

335 SOUTH BISCAYNE BLVD.
SUITE 4204
MIAMI, FL 33131

New Principal Place of Business:

2525 PONCE DE LEON 5TH FLOOR
5TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

335 SOUTH BISCAYNE BLVD.
SUITE 4204
MIAMI, FL 33131

New Mailing Address:

2525 PONCE DE LEON 5TH FLOOR
5TH FLOOR
CORAL GABLES, FL 33134

FEI Number: 01-0745989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAIZER, ARIEL
335 SOUTH BISCAYNE BLVD.
SUITE 4204
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GRAIZER, ARIEL
2525 PONCE DE LEON
5TH FLOOR
CORAL GABLES, FL 33134 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: ARIEL GRAIZER 03/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRAIZER, ARIEL
Address: 2525 PONCE DE LEON 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRAIZER, ARIEL
Address: 2525 PONCE DE LEON 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARIEL GRAIZER MGR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date