

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90049 022 ****50.00

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|---|---|
| DOCUMENT # L03000001313 |  |
| 1. Entity Name ACCESS FINANCIAL SOLUTIONS, LLC | |

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| Principal Place of Business 400 FRANDORSON CIRCLE STE. 204 APOLLO BEACH, FL 33572 | Mailing Address 400 FRANDORSON CIRCLE STE. 204 APOLLO BEACH, FL 33572 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



01152007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 11-6581136 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MOJENA, ADA 4613 HURON BAY KISSIMMEE, FL 34759 | 7. Name and Address of New Registered Agent Name <u>ELSA HERNANDEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>509 Beacon Sound Way</u> City <u>Apello Beach FL</u> <u>FL</u> Zip Code <u>33572</u> |
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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 *Elsa Hernandez* ELSA HERNANDEZ 1-20-07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOJENA, JOHN 509 BEACON SOUND WAY APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MoJena Judy 400 Frandorson circle, ste. 204 Apello Beach, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *John Mojena* John Mojena 1-20-07 - 813-641-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #