

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001313

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ACCESS FINANCIAL SOLUTIONS, LLC

## Current Principal Place of Business:

400 FRANDORSON CIRCLE  
STE. 204  
APOLLO BEACH, FL 33572

## New Principal Place of Business:

235 APOLLO BEACH BLVD  
STE 138  
APOLLO BEACH, FL 33572

## Current Mailing Address:

400 FRANDORSON CIRCLE  
STE. 204  
APOLLO BEACH, FL 33572

## New Mailing Address:

235 APOLLO BEACH BLVD  
STE 138  
APOLLO BEACH, FL 33572

FEI Number: 11-6581136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOJENA, JOHN  
400 FRANDORSON CIRCLE  
400 FRANDORSON CIRCLE, STE. 204  
APOLLO BEACH, FL 33572 US

## Name and Address of New Registered Agent:

MOJENA, JOHN  
235 APOLLO BEACH BLVD  
STE 138  
APOLLO BEACH, FL 33572 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: JOHN MOJENA

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: MOJENA, JOHN  
Address: 400 FRANDORSON CIRCLE STE 204  
City-St-Zip: APOLLO BEACH, FL 33572

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: MOJENA, JOHN  
Address: 235 APOLLO BEACH BLVD, STE 138  
City-St-Zip: APOLLO BEACH, FL 33572

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: JOHN MOJENA

PRES

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date