

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036199

**FILED**  
**Jun 15, 2009**  
**Secretary of State**

**Entity Name:** M & A FINANCIAL GROUP LLC

**Current Principal Place of Business:**

1424 COURT STREET  
SECOND FLOOR,  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

210 DOLPHIN PT  
SECOND FLOOR,  
CLEARWATER, FL 33767 US

**Current Mailing Address:**

1424 COURT STREET  
SECOND FLOOR,  
CLEARWATER, FL 33756 US

**New Mailing Address:**

210 DOLPHIN PT  
SECOND FLOOR,  
CLEARWATER, FL 33767 US

**FEI Number:** 05-0587479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MACKAY, BRIAN  
210 DOLPHIN PT.  
UNIT D  
CLEARWATER, FL 33767 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MACKAY, BRIAN  
Address: 210 DOLPHIN PT., UNIT D  
City-St-Zip: CLEARWATER, FL 33767 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN MACKAY

MGR

06/15/2009

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