

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-03-2007 90124 012 ****50.00

DOCUMENT # L03000043050

1. Entity Name
RAPID! FINANCIAL SERVICES, LLC



Principal Place of Business
**11300 FOURTH STREET NORTH
SUITE 110
ST. PETERSBURG, FL 33716**

Mailing Address
**11300 FOURTH STREET NORTH
SUITE 110
ST. PETERSBURG, FL 33716**

30005602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

03-0531339

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEMBLER INVESTMENTS REAL ESTATE SERVICES
11300 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33716**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME SEMBLER, MARTIN S
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME JOHNSON, DARIAN J
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RUPPEL, CHRISTIAN D
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME SLOWIK, BRIAN T
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/2007 727-828-3338