


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90132 006 ***138.75

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**

2. Principal Place of Business - No P.O. Box #
11300 Fourth Street North

3. Mailing Address
11300 Fourth Street North


Suite, Apt. #, etc.
Suite 200

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip Country
33716 USA

00019595



03132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
03-0531339

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Sembler Investments, Inc.

Street Address (P.O. Box Number is Not Acceptable)
11300 Fourth Street North

Suite 200

City **St. Petersburg** **FL** Zip Code **33716**

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  **Christian D. Ruppel** (727) 577-5522

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUPPEL, CHRISTIAN D 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Slowik, Brian 11300 Fourth Street North, Suite 200 St. Petersburg, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Christian D. Ruppel** (727) 577-5522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #