

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-04-2008 90132 006 \*\*\*138.75

<b>DOCUMENT # L03000043050</b> 1. Entity Name <b>RAPID! FINANCIAL SERVICES, LLC</b>					
Principal Place of Business <b>11300 FOURTH STREET NORTH SUITE 110 ST. PETERSBURG, FL 33716</b>			Mailing Address <b>11300 FOURTH STREET NORTH SUITE 110 ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business - No P.O. Box # <b>11300 Fourth Street North</b>		3. Mailing Address <b>11300 Fourth Street North</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">00019595</div> <div style="margin-top: 10px;">             03132008    Chg-LLC    CR2E083 (12/06) </div>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>			
Zip                      Country <b>33716                      USA</b>		Zip                      Country <b>33716                      USA</b>			
4. FEI Number <b>03-0531339</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">00019595</div> <div style="margin-top: 10px;">             03132008    Chg-LLC    CR2E083 (12/06) </div>	
6. Name and Address of Current Registered Agent  <b>SEMBLER INVESTMENTS REAL ESTATE SERVICES 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716</b>					
7. Name and Address of New Registered Agent Name <b>Sembler Investments, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 Fourth Street North</b> Suite 200 City                      State                      Zip Code <b>St. Petersburg                      FL                      33716</b>					
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 _____ <b>Christian D. Ruppel</b> (727) 577-5522 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">00019595</div> <div style="margin-top: 10px;">             03132008    Chg-LLC    CR2E083 (12/06) </div>	
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RUPPEL, CHRISTIAN D</b> <input type="checkbox"/> Delete <b>11300 FOURTH STREET NORTH, SUITE 200</b> <b>ST. PETERSBURG, FL 33716</b>				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Slowik, Brian</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11300 Fourth Street North, Suite 200</b> <b>St. Petersburg, FL 33716</b>				
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.					
<b>SIGNATURE:</b> _____ <b>Christian D. Ruppel</b> (727) 577-5522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                      Date                      Daytime Phone #</small>					