2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000049991

1. Entity Name
SEF FINANCIAL SERVICES L.L.C.

Principal Place of Business	Mailing Address
13230 SUMMER RAIN DR ORLANDO, FL 32828 US	13230 SUMMER RAIN DR ORLANDO, FL 32828 US

07092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0452792
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHARIF, FARRUKH
13230 SUMMER RAIN DR
ORLANDO, FL 32828

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

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHARIF, FARRUKH
STREET ADDRESS	13230 SUMMER RAIN DR
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	MGR
NAME	SHARIF, SAMI U
STREET ADDRESS	13230 SUMMER RAIN DR
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954841
07/14/08-80017-010 138.75

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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: Farrukh Sharif 07-09-08 (407) 380-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #