

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019931

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** NAPOLEON FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

9510 CORKSCREW PALMS CIRCLE  
SUITE 4  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

9510 CORKSCREW PALMS CIRCLE  
SUITE 4  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 72-1580510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAPOLEON, VINCENT  
8117 LOWBANK DR  
NAPLES, FL 34109 US

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

SCHIERING, JASON L  
21817 RAINBOW LAKE CT  
ESTERO  
ESTERO, FL 33928 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: JASON L SCHIERING

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHIERING, JASON  
Address: 21817 RAINBOW LAKE CT  
City-St-Zip: ESTERO, FL 33928 US

Title: MGR  
Name: NAPOLEON, VINCENT  
Address: 8117 LOWBANK DR  
City-St-Zip: NAPLES, FL 34109 US

Title: MGR  
Name: SCHIERING, JAMES  
Address: 292 LAMBTON LANE  
City-St-Zip: NAPLES, FL 34104 US

I hereby 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: JASON L SCHIERING

MGRM

04/27/2011

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