

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043728

1. Entity Name
VIAFINANCE GROUP, LLC



Principal Place of Business
631 WEST MORSE BOULEVARD, STE. 200
WINTER PARK, FL 32789-3730

Mailing Address
631 WEST MORSE BOULEVARD, STE. 200
WINTER PARK, FL 32789-3730



01182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1272525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREN, FRANK M
631 WEST MORSE BOULEVARD, STE. 200
WINTER PARK, FL 32789-3730

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MICHAEL C. MAHER REVOCABLE TRUST
STREET ADDRESS	631 WEST MORSE BLVD, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	MGR
NAME	GREN, FRANK M
STREET ADDRESS	1327 WINDSOR RIDGE LANE
CITY-ST-ZIP	ANNAPOLIS, MD 21401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/06-80047-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #