


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000043728</b> 1. Entity Name VIAFINANCE GROUP, LLC	
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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
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01112007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1272525	Applied For Not Applicable
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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, 2007**

U00000659767  
03/16/07-80043-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MICHAEL C. MAHER REVOCABLE TRUST 631 WEST MORSE BLVD, SUITE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GREN, FRANK M 1327 WINDSOR RIDGE LANE ANNAPOLIS, MD 21401
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**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:**

*Frank M. Gren*

*3/5/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #