


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 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
---	---



02272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1272525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000944696
05/29/08-801111-006 138.75

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
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	

**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: *Michael Maher* **4/29/08.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #