

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079387

Entity Name: STOCK FINANCIAL, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

2647 PROFESSIONAL CIRCLE, SUITE 1205
NAPLES, FL 341198091

New Principal Place of Business:

2647 PROFESSIONAL CIRCLE, SUITE 1215
NAPLES, FL 341198091

Current Mailing Address:

2647 PROFESSIONAL CIRCLE, SUITE 1205
NAPLES, FL 341198091

New Mailing Address:

2647 PROFESSIONAL CIRCLE, SUITE 1215
NAPLES, FL 341198091

FEI Number: 20-1832305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIDER, CRAIG D ESQ.
C/O GOODLETTE, COLEMAN, JOHNSON, ET AL.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOCK, BRIAN K
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: LOLLI, ERICA
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1205
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LOLLI, ERICA
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1215
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ERICA LOLLI

P

04/01/2009

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