2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2006 8:00 am
Secretary of State
08-11-2006 90090 001 ****50.00

DOCUMENT # L04000082688

1. Entity Name
RELIANT CAPITAL FUNDING, LLC

Principal Place of Business	Mailing Address
1701 WEST HILLSBORO BLVD. #400 DEERFIELD BEACH FL 33442 US	1701 WEST HILLSBORO BLVD. #400 DEERFIELD BEACH FL 33442 US

2. Principal Place of Business	3. Mailing Address
600 FAIRWAY DR.	600 FAIRWAY DR
Suite, Apt. # etc. #101	Suite, Apt. # etc. #101
City & State Deerfield Beach	City & State Deerfield Beach
Zip 33441 Country USA	Zip 33441 Country U.S.A.

2nd MOORE CR2E083 (4/06)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BADAMO, TERESA
1800 S. OCEAN BLVD.
#105
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Teresa Badamo — 8-8-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BADAMO, TERESA 1800 SO. OCEAN BLVD #105 POMPANO BEACH FL 33062	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LANCIOTTI, DANELL 1800 SO. OCEAN BLVD. # 105 POMP[ANO BEACH FL 33062	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Teresa Badamo — 8-8-06 — 954 615-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #