

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045605

FILED
Apr 29, 2009
Secretary of State

Entity Name: RELIANCE CAPITAL GROUP, LLC

Current Principal Place of Business:

11311 116TH STREET
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3378
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 51-0543152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, GARY
11311 116TH STREET N.
LARGO, FL 33778 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: MUSYOKI-HOWELL, REGINAH
Address: 11311 116TH STREET
City-St-Zip: LARGO, FL 33778

Title: MGR () Delete
Name: HOWELL, GARY
Address: 11311 116TH STREET
City-St-Zip: LARGO, FL 33778

Title: S () Delete
Name: HOWELL, GARY
Address: 11311 116TH STREET
City-St-Zip: LARGO, FL 33778

Title: T () Delete
Name: MUSYOKI-HOWELL, REGINAH
Address: 11311 116TH STREET
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES:

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

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

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

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

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: GARY HOWELL

MGR

04/29/2009

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