

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90080 022 ****50.00

DOCUMENT # L05000053650

1. Entity Name
GM FINANCIAL HOLDINGS, LLC



Principal Place of Business
**C/O ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180**

Mailing Address
**C/O ADAM R. SCHIFFMAN, P.A.
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180**

60054807



02092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R ESQ
2999 N.E. 191ST STREET, SUITE 900
AVENTURA, FL 33180**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
SCHIFFMAN, ADAM R ESQ
2999 N.E. 191 STREET, #900
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

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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: _____

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

Day _____

Daytime Phone # _____

8/14/07