

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90017 020 ***138.75

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**

2. Principal Place of Business - No P.O. Box #
2750 NE 185th Street

3. Mailing Address
2750 NE 185th Street

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor



03042008 Chg-LLC CR2E083 (12/06)

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33180

Zip
33180

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**

7. Name and Address of New Registered Agent

Name
Schiffman, Adam R.
Street Address (P.O. Box Number is Not Acceptable)
2750 NE 185th Street
2nd Floor
City **Aventura** FL Zip Code **33180**

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

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

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR ☒ Change ☐ Addition
NAME
Schiffman, Adam R
STREET ADDRESS
2750 NE 185th Street, 2nd Floor
CITY-ST-ZIP
Aventura, FL 33180

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

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

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

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:

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

Date

Daytime Phone #