

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000070064

FILED
Dec 11, 2009
Secretary of State**Entity Name:** VORA FINANCIAL SERVICES, LLC**Current Principal Place of Business:**6941 NW 112TH AVE
DORAL, FL 33178 US**New Principal Place of Business:****Current Mailing Address:**6941 NW 112TH AVE
DORAL, FL 33178 US**New Mailing Address:****FEI Number:** 20-3163064**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VORA, NEERAJ A
6941 NW 112TH AVE
DORAL, FL 33178 US**Name and Address of New Registered Agent:**VORA, SONIA
6941 NW 112TH AVE
DORAL, FL 33178 US

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: SONIA VORA

12/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: VORA, SONIA
Address: 6941 NW 112TH AVE
City-St-Zip: DORAL, FL 33178 USTitle: MGRM () Delete
Name: VORA, NEERAJ A
Address: 6941 NW 112TH AVE
City-St-Zip: DORAL, FL 33178 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM (X) Change () Addition
Name: PARVANI, DEEPAK
Address: 6941 NW 112TH AVE
City-St-Zip: DORAL, FL 33178 US

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: SONIA VORA

MGRM

12/11/2009

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