2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Sep 04, 2007 8:00 am
Secretary of State

07-19-2007 90042 002 ****50.00

J00126080

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1. Entity Name
FREEDOM FINANCIAL, LLC

Principal Place of Business
414 2ND ST.
ST. AUGUSTINE, FL 32084 US

Mailing Address
414 2ND ST.
ST. AUGUSTINE, FL 32084 US

2. Principal Place of Business - No P.O. Box #
35013 N. Ponce de Leon Blvd

Suite, Apt. #, etc.
#308

City & State
St Augustine, FL

Zip 32084 Country St Johns

3. Mailing Address
35013 N. PONCE DE LEON BLVD

Suite, Apt. #, etc.
308

City & State
ST AUGUSTINE, FL

Zip 32084 Country St Johns

07132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 43-2098179 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MEASE, BRENNAN P
414 2ND ST.
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name Mease, Brennan P.
Street Address (P.O. Box Number is Not Acceptable) 35018 N. PONCE DE LEON BLVD
#308
City ST AUGUSTINE FL Zip Code 32084

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 _____ 7/13/07
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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOMASETTI, ALFRED M	NAME	
STREET ADDRESS	414 2ND ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEASE, BRENNAN P	NAME	
STREET ADDRESS	414 2ND ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEASE, JEFFREY G	NAME	
STREET ADDRESS	414 2ND ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 7/13/07 904 599 2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #