


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-04-2007 90084 030 ****50.00

DOCUMENT # L06000014870 1. Entity Name JDM FINANCIAL, LLC																							
Principal Place of Business 141 BRENT CIRCLE OLDSMAR, FL 34677			Mailing Address 141 BRENT CIRCLE OLDSMAR, FL 34677																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip		City & State Zip		4. FEI Number 20-4292983																			
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent MAGLIULO, JAMES D 141 BRENT CIRCLE OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																				
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 _____ (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JAMES D. MAGLIULO</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>141 BRENT CIRCLE OLDSMAR, FL 34677</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	JAMES D. MAGLIULO		CITY-ST-ZIP	141 BRENT CIRCLE OLDSMAR, FL 34677		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

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

Date

Daytime Phone #