2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 04, 2007 8:00 am Secretary of State **DOCUMENT # L06000014870** 09-04-2007 90084 030 ****50.00 JDM FINANCIAL, LLC Principal Place of Business Mailing Address 6---141 BRENT CIRCLE 141 BRENT CIRCLE OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 20-4 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGLIULO, JAMES D Street Address (P.O. Box Number is Not Acceptable) 141 BRENT CIRCLE OLDSMAR, FL 34677 City Zip Code 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) 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 PRESIDENT TITLE TITLE ☐ Change Addition JAMES D. MAGLIULO 14 BRENT CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. a smes SIGNATURE: SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING MANAGING

Cete

Daytime Phone #

FILED