

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000015371

1. Entity Name

SERVICIOS FINANCIEROS FLORIDA LLC



Principal Place of Business

P.O BOX 151421
TAMPA, FL 33684

Mailing Address

P.O BOX 151421
TAMPA, FL 33684



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3922971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEYVA, CLARA
4505 W FERN ST
TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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

Clara Leyva (mgr)

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/20/08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008 Fee will be \$538.75

U00000936402
05/27/08-80009-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEYVA, CLARA MRS.
STREET ADDRESS	4505 W. FERN ST.
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Clara Leyva

04/20/08

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

Date

Daytime Phone #