

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022545

FILED
Mar 25, 2008
Secretary of State

Entity Name: RAPID FUNDING OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1385 N.W. 15TH STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1385 N.W. 15TH STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 71-1001491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHIPMAN, RICHARD
Address: 265 WHEATLEY ROAD
City-St-Zip: OLD WESTBURY, NY 11568

Title: MGRM () Delete
Name: PALINSKY, ILYA
Address: #1111, 1455 OCEAN DRIVE
City-St-Zip: MIAMI, FL 33139

Title: MGRM () Delete
Name: FISHMAN, JACOB
Address: 1385 N.W. 15TH STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHIPMAN, RICHARD
Address: 657 TENTH AVENUE
City-St-Zip: NEW YORK, NY 10036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD CHIPMAN

MGR

03/25/2008

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