

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90102 039 ***143.75

DOCUMENT # L06000048235

1. Entity Name
GUARANTY FINANCIAL, LLC



Principal Place of Business
301 N. FERNCREEK AVE., SUITE A
ORLANDO, FL 32803
4848 LAKE CARLTON DRIVE
MT. DORA, FL 32757

Mailing Address
P.O. BOX 1029
APOPKA, FL 32704-1029

50002986



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-4930319

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ICARDI, JEFFREY A
2180 WEST STATE ROAD 434, SUITE 6190
LONGWOOD, FL 32779

Name **DONALD L. MOORE JR.**
Street Address (P.O. Box Number is Not Acceptable)
4848 LAKE CARLTON DRIVE
City **Mt. DORA** FL **32757**

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

Don Donald L. Moore, JR **4/8/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MOORE, DONALD L JR.**
STREET ADDRESS **P.O. BOX 1029**
CITY-ST-ZIP **APOPKA, FL 327041029**

TITLE **MANAGING member** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

4/8/08 321-229-7499

Date

Daytime Phone #