

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90133 016 \*\*\*138.75

60019635



02242008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000075808</b>					
1. Entity Name <b>MY MONEY FINANCE, LLC</b>					
Principal Place of Business <b>4500 NW 165 STREET REDDICK, FL 32686</b>			Mailing Address <b>4500 NW 165 STREET REDDICK, FL 32686</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-5246434</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VANTHUL, CRISTINA 4500 NW 165 STREET REDDICK, FL 32686</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARINAS, MANUEL 26500 SW 197 AVE HOMESTEAD, FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FARINAS, MANUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2382 MIDDLECOFF DRIVE DUNEDIN, FL 34698		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARINAS, MARIA ELENA 26500 SW 197 AVE HOMESTEAD, FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FARINAS, MARIA ELENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2382 MIDDLECOFF DRIVE <del>DUNEDIN</del> DUNEDIN, FL 34698		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Manuel Farinas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/2/2008 786-863-1588 Date Daytime Phone #		