2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# L06000077733

Entity Name: NATIONWIDE UNSECURED LLC

Current Principal Place of Business:

461 E. HILLSBORO BLVD
STE 200 D
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

461 E. HILLSBORO BLVD
STE 200 D
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: 20-5328702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, MICHAEL D
481 E. HILLSBORO BLVD STE 200
DEERFIELD BEACH, FL 33441 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:	YOUNG, MICHAEL D	
Address:	4027 NW 5TH DR	
City-St-Zip:	DEERFIELD BEACH, FL 33442 US	
Title:	MGRM	( ) Delete
Name:	VASCONCELOS, JOSEPH JR	
Address:	12668 LITTLE PALM LN	
City-St-Zip:	BOCA RATON, FL 33428 US	
Title:	MGRM	( ) Delete
Name:	RAFFA, CASSIO	
Address:	4055 NW 62 ND DR	
City-St-Zip:	COCONUT CREEK, FL 33073 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MICHAEL YOUNG MGRM 04/11/2007

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