

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093919

Entity Name: MERGE FINANCIAL LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

33 N. GARDEN AVENUE
SUITE 170
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

33 N. GARDEN AVENUE
SUITE 170
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 20-5601854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ALESSIO, JORDAN
33 N. GARDEN AVENUE
SUITE 170
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

REGENSBURG, JASON
33 N. GARDEN AVENUE
SUITE 170
CLEARWATER, FL 33755 US

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: JASON REGENSBURG

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'ALESSIO, JORDAN
Address: 33 N. GARDEN AVENUE, SUITE 170
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM (X) Delete
Name: REGENSBURG, JASON
Address: 33 N. GARDEN AVENUE, SUITE 170
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REGENSBURG, JASON
Address: 33 N. GARDEN AVENUE, SUITE 170
City-St-Zip: CLEARWATER, FL 33755 US

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: JASON REGENSBURG

MGRM

04/06/2009

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