

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107773

FILED  
May 05, 2009  
Secretary of State

Entity Name: FINANCIAL GROUP OF FLORIDA LLC

**Current Principal Place of Business:**

4462 MAHOGANY RIDGE DRIVE  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4462 MAHOGANY RIDGE DRIVE  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 20-5947459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OVALLES, ANNELISSE J  
Address: 4462 MAHOGANY RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: MGRM ( ) Delete  
Name: GALINDEZ, FERNANDO E  
Address: 4462 MAHOGANY RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

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: ANNELISSE J OVALLES

MGR

05/05/2009

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