

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014834

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: MUTUAL RELIANCE FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

11767 S. DIXIE HWY #354  
PINECREST, FL 331564438

**New Principal Place of Business:**

**Current Mailing Address:**

11767 S. DIXIE HWY #354  
PINECREST, FL 331564438

**New Mailing Address:**

FEI Number: 51-0627053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCOTT, MARK S  
121 ALHAMBRA PLAZA, 10TH FLOOR  
C/O BECKER & POLIAKOFF, P.A.  
CORAL GABLES, FL 33134 US

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

SHABSELS, MARIN S  
20900 N.E. 30TH AVE, SUITE 600  
C/O ROSENTHAL ROSENTHAL RASCO KAPLAN, LLC  
AVENTURA, FL 33180 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: MARIN S. SHABSELS

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JELKE, BILL  
Address: 11767 S. DIXIE HWY #354  
City-St-Zip: PINECREST, FL 331564438

**ADDITIONS/CHANGES:**

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: BILL JELKE

MGR

03/04/2009

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