FILED Mar 10, 2008 8:00 am Secretary of State 02-04-2008 90134 035 ***138.75

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1. Entity Name THE FLORIDA FINANCIAL GROUP., LLC				
Principal Place of Business 18851 NE 29TH AVE 104 A		Mailing Address 18851 NE 29TH AVE. 101		30001603
AVENTURA, F		AVENTURA, FL 33180	US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		T I DETECTE DEL CORT I CONT. ATRI CORTI ADRI CORTI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number 20-8680398 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S 5.00 Additional Fee Regulard
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
		Name		
ROUSSO, MARK 18851 NE 29TH AVE. 900		Street Address	is (P.O. Sox Number is Not Acceptable)	
AVENTURA, FL 33180				
			City	FL Zpeode
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and trie it applicable. (NOTE: F	Registered Agent signature requi	Aled when (pinstating) DATE
FILE	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		· ,	Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Deleta	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	ORDONEZ, MAURICIO SR. 18851 NE 29TH AVE AVENTURA, FL 33180		STREET ADDRESS CITY-ST-ZIP	
TITLE	AVENTORAL TE 33100	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP		☐ Detete	CITY-ST-ZIP Title	☐ Change ☐ Addition
NAME STREET ACCRESS			NAME STREET ADDRESS	
CITY-ST-ZIP	-	·	CITY-ST-ZIP	
TITLE NAME		Delate .	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADCRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
SIRREI ACCUMESS			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
C/TY-ST-ZIP TITLE	· .	Delete	CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP THRE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME -STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP THTLE NAME STREET ADDRESS CITY-S1-ZP 11. I nereby	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or truste	n this filing does not qualify for th	CITY-ST-ZIP ITIUE NAME - STREET ADDRESS CITY-ST-ZIP The exemptions containe to same legal effect as i	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath: that I am a managing member of manager of the
CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-S1-ZP 11. I nereby indicated	d on this report is true and accurate and ability company or the receiver of truste	n this filing does not qualify for th	CITY-ST-ZIP ITIUE NAME - STREET ADDRESS CITY-ST-ZIP The exemptions containe to same legal effect as i	ed in Chapter 119, Florida Statutes. I further certify that the information if made under oath: that I am a managing member of manager of the

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **

DOCUMENT # L07000027783