

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039617

FILED
Jul 08, 2008
Secretary of State

Entity Name: AMERICAN FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

1940 SE 2ND ST
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1940 SE 2ND ST
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 20-8881386 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:

GALLO, LOU
1901 E. ATLANTIC BLVD
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

GALLO, LOU
1940 SE 2ND STREET
POMPANO BEACH, FL 33060 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: LOU GALLO

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALLO, LOU
Address: 1901 E. ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGR () Delete
Name: ROSARIO, LESHA
Address: 1901 E. ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGR () Delete
Name: GALLO, NICHOLAS F
Address: 1940 SE 2ND ST
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALLO, LOU
Address: 1940 SE 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGR (X) Change () Addition
Name: ROSARIO, LESHA
Address: 1940 SE 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33060 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: LOU GALLO

MGR

07/08/2008

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