## **2008 LIMITED LIABILITY COMPANY**

## Jan 28, 2008 8:00 am **Secretary of State** ANNUAL REPORT 01-28-2008 90073 031 \*\*\*138.75 **DOCUMENT #L07000040316** 1. Entity Name BELCHER FINANCE, LLC Principal Place of Business Mailing Address 60004394 50 SOUTH BELCHER ROAD, SUITE 101 50 SOUTH BELCHER ROAD, SUITE 101 CLEARWATER, FL 33756 CLEARWATER, FL 33756 3. Mailing Address 50 S Belcher Rd 2. Principal Place of Business - No P.O. Box # 50 South Belcher Rd Suite, Apt. #, etc. Suite 101 Suite Apt. #,661 01222008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Clearwater, Florida 20-8960782 Clearwater, Florida Not Applicable Zip Country -USA-\$5,00 Additional 33765 5. Certificate of Status Desired - - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATERS, GUY 50 SOUTH BELCHER ROAD, SUITE 101 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33765 City Zip Code 8. The above named entity submits f changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept purpose the obligations of registered ag 01/22/08 Guy Waters (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 5 138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE President TITLE ☐ Delete ☐ Change ☐ Addition NAME u@uy Waters NAME STREET ADDRESS 50 S Belcher Rd Ste 101 STREET ADDRESS CITY-ST-ZIP Clearwater,F1 33765 CITY-ST-ZIP TITLE Vice President Delete TITLE ☐ Change ☐ Addition NAME Donald E Waters Jr NAME STREET ADDRESS 50 S Belcher Rd Stel01 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clearwater,Florida 33765 TITLE Váce President ☐ Delete TOLE ☐ Change ■ Addition Belinda Major NAME STREET ADDRESS STREET ADDRESS 50 S Belcher Rd Ste 101 CITY-ST-ZIP Clearwater, F1 33765 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not quand that my signature shi ustee empoyered to execu ify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the athis report as required by Chapter 608, Florida Statutes. indicated on this report is true and acc limited liability company or the received

TITLE

NAME

STREET ADDRESS

C/IY-SI-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Guy Waters MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

1/23/08

727-791-6030 ext 149

☐ Change

☐ Addition

Daytime Phone #

**FILED**