

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041294

FILED
Jul 17, 2008
Secretary of State

Entity Name: EXPRESS FINANCIAL GROUP, LLC

Current Principal Place of Business:

5120 SW 18TH AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

203 TOWHEE TRAIL
ANDERSON, SC 29625

Current Mailing Address:

5120 SW 18TH AVE
CAPE CORAL, FL 33914

New Mailing Address:

203 TOWHEE TRAIL
ANDERSON, SC 29625

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

O'NEILL, JAMES L SR
5120 SW 18TH AVE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: O'NEILL, PATRICIA A SR
Address: 5120 SW 18TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: O'NEILL, JAMES L SR
Address: 5120 SW 18TH AVE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'NEILL, PATRICIA A SR
Address: 203 TOWHEE TRAIL
City-St-Zip: ANDERSON, SC 29625

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: JAMES ONEILL SR

MGR

07/17/2008

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