


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90399 003 ***138.75

DOCUMENT # L07000044610					
1. Entity Name COVENANT ASSURED FINANCE, LLC					
Principal Place of Business 22129 NORTH AUSTIN MERRIT ROAD GROVELAND, FL 34736 US			Mailing Address 22129 NORTH AUSTIN MERRIT ROAD GROVELAND, FL 34736 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 14-1993227	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <u>Joseph Rayl</u> Street Address (P.O. Box Number is Not Acceptable) <u>1410 Emerson St</u> City <u>Leesburg</u> FL Zip Code <u>34748</u>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, type or printed name of registered agent, and title if applicable.</small>		<u>Joseph Rayl</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>2/14/2008</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYL, JOSEPH E 22129 NORTH AUSTIN MERRIT ROAD GROVELAND, FL 34736	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>Joseph Rayl</u>		<u>2/14/2008</u> <small>Date</small>	
				<u>352</u> <u>728-3329</u> <small>Daytime Phone #</small>	