

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056041

FILED
Jun 15, 2009
Secretary of State

Entity Name: FREEDOM FINANCIAL SERVICE PLUS, LLC

Current Principal Place of Business:

417 STILLWELL BLVD.
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 01-0739659 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:

FIDDLER, JOANNE M
1143 STANLEY LANE
BAKER, FL 32531 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: MGRM () Delete
Name: FIDDLER, JOANNE M
Address: 417 STILLWELL BLVD.
City-St-Zip: CRESTVIEW, FL 32539 US

Title: MGRM () Delete
Name: FIDDLER, ROBERT M
Address: 417 STILLWELL BLVD
City-St-Zip: CRESTVIEW, FL 32539 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOANNE M FIDDLER

MGRM

06/15/2009

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