

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056041

**FILED**  
**Jun 16, 2010**  
**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 ( )**

**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  
**Name:** FIDDLER, JOANNE M  
**Address:** 417 STILLWELL BLVD.  
**City-St-Zip:** CRESTVIEW, FL 32539 US

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

I hereby 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

06/16/2010

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