2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
04-09-2008 90128 024 ***138.75

30005801

DOCUMENT # L07000057120

1. Entity Name
NATIONAL FINANCIAL SOLUTIONS LLC

Principal Place of Business	Mailing Address
10517 PARKCREST DR TAMPA, FL 33624	10517 PARKCREST DR TAMPA, FL 33624

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14100 58th. Street North	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State
Zip: 33760 Country: Pinellas	Zip Country

03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 260495310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMADOR, JORGE 10517 PARKCREST DR TAMPA, FL 33824	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Jorge L. Amador — Jorge L. Amador — 3/26/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $638.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AMADOR, JORGE L 10517 PARKCREST DR TAMPA, FL 33624	☐ Delete	PRESIDENT / CEO	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AMADOR, BONNILIZA 10517 PARKCREST DR TAMPA, FL 33624	☐ Delete	VP. HUMAN RESOURCES/OPS	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MICHAELANGELO SOTO 10519 PARKCREST DR... TAMPA, FL 33624	☐ Delete	VP FINANCES Michaelangelo Soto 10519 Parkcrest Dr Tampa, FL 33624	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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: Jorge L. Amador — Jorge L. Amador — 3/26/08 — 727-688-6765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #