

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057120

FILED  
Jul 02, 2009  
Secretary of State

Entity Name: NATIONAL FINANCIAL SOLUTIONS LLC

## Current Principal Place of Business:

14100 58TH STREET NORTH  
CLEARWATER, FL 33760

## New Principal Place of Business:

11701 S. BELCHER ROAD  
SUITE 104  
LARGO, FL 33773

## Current Mailing Address:

10517 PARKCREST DR  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: 26-0495310      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:

## Name and Address of New Registered Agent:

AMADOR, JORGE  
10517 PARKCREST DR  
TAMPA, FL 33624      US

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: P      ( ) Delete  
Name: AMADOR, JORGE L  
Address: 10517 PARKCREST DR  
City-St-Zip: TAMPA, FL 33624

Title: VP      ( ) Delete  
Name: AMADOR, BONNILIZA  
Address: 10517 PARKCREST DR  
City-St-Zip: TAMPA, FL 33624

Title: VP      ( ) Delete  
Name: SOTO, MICHAELANGELO  
Address: 10519 PARKCREST DR  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES:

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

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: MICHAELANGELO SOTO

VP

07/02/2009

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