2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065724

Entity Name: DOYLE FINANCIAL ENTERPRISES, LLC

11837 ROSSMAYNE DRIVE

11837 ROSSMAYNE DRIVE

() Delete

RIVERVIEW, FL 33569

RIVERVIEW, FL 33569

DOYLE, JAMES JR.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11837 ROSSMAYNE DRIVE RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 11837 ROSSMAYNE DRIVE RIVERVIEW, FL 33569 FEI Number: 45-0565689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. DOYLE, JAMES P MGR 1840 SW 22ND ST. 11837 ROSSMAYNE DRIVE 4TH FLOOR RIVERVIEW, FL 33569 MIAMI, FL 33145 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: JAMES P DOYLE 04/19/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete DOYLE, JAMES JR. Name: Name: 11837 ROSSMAYNE DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DOYLE, JARED Name: Address: 11837 ROSSMAYNE DRIVE Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: () Change () Addition DOYLE, DAVID Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: JAMES P DOYLE MGR 04/19/2009