2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066453

Entity Name: SILER FINANCIAL GROUP, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

705 WEST STATE ROAD 434 SUITE D

LONGWOOD, FL 32750

New Mailing Address: Current Mailing Address:

705 WEST STATE ROAD 434 P.O. BOX 161757 ALTAMONTE SPRINGS, FL 32716 SUITE D LONGWOOD, FL 32750 US

FEI Number: 26-0778265 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:

SILER, LEE A SILER, LEE A 705 WEST STATE ROAD 434 705 WEST STATE ROAD 434 SUITE D LONGWOOD, FL 32750 US LONGWOOD, FL 32750 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: 03/20/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition SILER, LEE A SILER, LEE A Name: Name:

Address: PO BOX 161757 Address: 705 WEST STATE ROAD 434 SUITE D

City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US City-St-Zip: LONGWOOD, FL 32750 US

(X) Change () Addition Title: MGR () Delete Title: MGR BUTTON, PATRICIA

Name: BUTTON, PATRICIA Name:

Address: PO BOX 161757 Address: 705 WEST STATE ROAD 434 SUITE D

City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US City-St-Zip: LONGWOOD, FL 32750 US

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.

MGRM SIGNATURE: LEE A SILER 03/20/2009