

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068971

FILED
Mar 09, 2009
Secretary of State

Entity Name: AAG FINANCIAL LLC

Current Principal Place of Business:

1520 SIERRA RIDGE DR.
ORLANDO, FL 32820

New Principal Place of Business:

1823 SUNSET PALM DRIVE
APOPKA, FL 32712

Current Mailing Address:

1520 SIERRA RIDGE DR.
ORLANDO, FL 32820

New Mailing Address:

1823 SUNSET PALM DRIVE
APOPKA, FL 32712

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYOL, ALBERT
1520 SIERRA RIDGE DR.
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

GAYOL, ALBERT
1823 SUNSET PALM DRIVE
APOPKA, FL 32712 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: ALBERT GAYOL

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOTZ, AMY
Address: 1520 SIERRA RIDGE DR.
City-St-Zip: ORLANDO, FL 32820

Title: MGR () Delete
Name: GAYOL, ALBERT
Address: 1520 SIERRA RIDGE DR.
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOTZ, AMY
Address: 1823 SUNSET PALM DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGR (X) Change () Addition
Name: GAYOL, ALBERT
Address: 1823 SUNSET PALM DRIVE
City-St-Zip: APOPKA, FL 32712

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: ALBERT GAYOL

MGR

03/09/2009

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