

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2009 JUN -2 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000107276

1. Entity Name
FOREXONE FINANCIAL, LLC



Principal Place of Business
4900 MANATEE AVENUE WEST, SUITE 101
BRADENTON, FL 34209

Mailing Address
P O BOX 11455
TAMPA, FL 33680

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

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

ORENUGA, ADEBAYO
4900 MANATEE AVENUE WEST, SUITE 101
BRADENTON, FL 34209

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

(Same)

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
ORENUGA, ADEBAYO
6007 N 32ND ST
TAMPA, FL 33610

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: *Adebayo Orenuga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.27.09

Date

Daytime Phone #

CL