

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110679

FILED
Apr 30, 2009
Secretary of State

Entity Name: INVESTMENT FUNDING SOLUTIONS, LLC

Current Principal Place of Business:

5224 WEST STATE ROAD 46 #344
SANFORD, FL 327719230

New Principal Place of Business:

Current Mailing Address:

5224 WEST STATE ROAD 46 #344
SANFORD, FL 327719230

New Mailing Address:

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

Name and Address of Current Registered Agent:

THOMPSON, ANGELA
4863 CAINS WREN TRAIL
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

THOMPSON, ANGELA
5224 WEST SR 46 #344
SANFORD, FL 32771 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: ANGELA THOMPSON

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, ANGELA
Address: 5224 WEST STATE ROAD 46 #344
City-St-Zip: SANFORD, FL 327719230

Title: MGRM () Delete
Name: THOMPSON, BRIAN
Address: 5224 WEST STATE ROAD 46 #344
City-St-Zip: SANFORD, FL 327719230

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, ANGELA
Address: 5224 WEST SR 46 #344
City-St-Zip: SANFORD, FL 327719230

Title: MGRM (X) Change () Addition
Name: THOMPSON, BRIAN
Address: 5224 WEST SR 46 #344
City-St-Zip: SANFORD, FL 327719230

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: ANGELA THOMPSON

MGRM

04/30/2009

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