

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119530

FILED  
Sep 02, 2009  
Secretary of State

**Entity Name:** DM FACTORING & FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

2874 HIGH VIEW BEND  
LAKELAND, FL 33812

**New Principal Place of Business:**

4495 CREEKSIDE DRIVE  
MULBERRY, FL 33860

**Current Mailing Address:**

2874 HIGH VIEW BEND  
LAKELAND, FL 33812

**New Mailing Address:**

4495 CREEKSIDE DRIVE  
MULBERRY, FL 33860

**FEI Number:** 12-6426374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, DONNA J  
2874 HIGH VIEW BEND  
LAKELAND, FL 33812 US

**Name and Address of New Registered Agent:**

MILLER, DONNA J  
4495 CREEKSIDE DRIVE  
MULBERRY, FL 33860 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:

09/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, MARK  
Address: 2874 HIGH VIEW BEND  
City-St-Zip: LAKELAND, FL 33812

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, MARK  
Address: 4495 CREEKSIDE DRIVE  
City-St-Zip: MULBERRY, FL 33960

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: MARK MILLER

MGRM

09/02/2009

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