

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002322

FILED
May 01, 2009
Secretary of State

Entity Name: UNSECURED FUNDING SOURCE, LLC

Current Principal Place of Business:

3020 N.E. 32ND AVENUE
UNIT # 912
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

4901 NW 17TH WAY
SUITE 506
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3020 N.E. 32ND AVENUE
UNIT # 912
FORT LAUDERDALE, FL 33308

New Mailing Address:

4901 NW 17TH WAY
SUITE 506
FORT LAUDERDALE, FL 33309

FEI Number: 26-1697552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, CRAIG
3020 N.E. 32ND AVENUE
UNIT # 912
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

JOHNSON, CRAIG
12944 STONEBROOK DR
DAVIE, FL 33330 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CRAIG
Address: 3020 N.E. 32ND AVENUE, UNIT # 912
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, CRAIG
Address: 12944 STONEBROOK DR
City-St-Zip: DAVIE, FL 33330

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: CRAIG JOHNSON

MR.

05/01/2009

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