

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008960

FILED
Mar 12, 2009
Secretary of State

Entity Name: SUMMERFIELD FINANCIAL SERVICES, LLC

Current Principal Place of Business:

7341 OFFICE PARK PLACE, STE. 201
VIERA, FL 32940

New Principal Place of Business:

16810 S US HIGHWAY 441
SUITE 502
SUMMERFIELD, FL 34491 US

Current Mailing Address:

7341 OFFICE PARK PLACE, STE. 201
VIERA, FL 32940

New Mailing Address:

7341 OFFICE PARK PLACE, STE. 201
VIERA, FL 32940 US

FEI Number: 26-1828378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMM, PATRICIA
7341 OFFICE PARK PLACE, STE. 201
VIERA, FL 32940 US

Name and Address of New Registered Agent:

STAMM, PATRICIA E MGR
7341 OFFICE PARK PLACE
SUITE 201
VIERA, FL 32940 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: PATRICIA STAMM

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STAMM, PATRICIA
Address: 1964 FABIEN CIRCLE
City-St-Zip: VIERA, FL 32940

Title: MGR () Delete
Name: TROGER, JERRY
Address: 11350 SE 175TH PLACE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STAMM, PATRICIA E MGR
Address: 1964 FABIEN CIRCLE
City-St-Zip: VIERA, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA STAMM

MGR

03/12/2009

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