

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048106

FILED
Apr 07, 2009
Secretary of State

Entity Name: BROWNING FINANCIAL GROUP, LLC

Current Principal Place of Business:

140 S DIXIE HWY #610
HOLLYWOOD, FL 33020

New Principal Place of Business:

8035 SW 99TH CT.
MIAMI, FL 33173

Current Mailing Address:

140 S DIXIE HWY #610
HOLLYWOOD, FL 33020

New Mailing Address:

PO BOX 558855
MIAMI, FL 33255

FEI Number: 26-2726434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNING COMPANIES INTERNATIONAL, INC
140 S DIXIE HWY #610
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BROWNING COMPANIES INTERNATIONAL, INC
8035 SW 99TH CT.
MIAMI, FL 33173 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: WILLIAM BROWNING

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWNING, WILLIAM
Address: 140 S DIXIE HWY #610
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR (X) Delete
Name: TEJADA, ANDRES
Address: 140 S DIXIE HWY #610
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWNING, WILLIAM
Address: PO BOX 558855
City-St-Zip: MIAMI, FL 33255

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: WILLIAM BROWNING

MGRM

04/07/2009

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