

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073159

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** EMF FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

4225 EAST MAIN STREET  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 31809  
PALM BEACH GARDENS, FL 33420 FA

**New Mailing Address:**

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

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

FAGO, ELIZABETH  
4225 EAST MAIN STREET  
JUPITER, FL 33458 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FAGO, ELIZABETH  
Address: 4225 EAST MAIN STREET  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES:**

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: ELIZABETH FAGO

MGR

04/30/2009

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