# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 27, 2009**
**Secretary of State**

DOCUMENT# L08000094838

**Entity Name:** CASH 4 PROPERTY, USA, LLC

| Current Principal Place of Business: | New Principal Place of Business: |
|---|---|
| 116 6TH ST<br>BELLEAIR BEACH, FL 33786 | 617 15TH AVE NW<br>LARGO, FL 33770 |

| Current Mailing Address: | New Mailing Address: |
|---|---|
| PO BOX 821<br>INDIAN ROCKS BEACH, FL 33785 | |

**FEI Number: 27-0815298** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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: | Name and Address of New Registered Agent: |
|---|---|
| SPARKS, BRUCE W<br>116 6TH ST<br>BELLEAIR BEACH, FL 33786 US | SPARKS, BRUCE W<br>617 15TH AVE NW<br>LARGO, FL 33770 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: ______________________________ 08/27/2009
Electronic Signature of Registered Agent Date

| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
|---|---|---|---|
| Title: | MGR ( ) Delete | Title: | MGR (X) Change ( ) Addition |
| Name: | SPARKS, BRUCE W | Name: | SPARKS, BRUCE W |
| Address: | P.O. BOX 821 | Address: | 617 15TH AVE NW |
| City-St-Zip: | INDIAN ROCKS BEACH, FL 33785 | City-St-Zip: | LARGO, FL 33770 |

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: BRUCE W. SPARKS MGR 08/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date