

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103626

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** OHIO PRIVATE LENDING, LLC.

**Current Principal Place of Business:**

12505 ORANGE DR  
SUITE 902  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

12505 ORANGE DR  
SUITE 902  
DAVIE, FL 33330 US

**New Mailing Address:**

**FEI Number:** 26-3663655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA'S FINANCIAL SERVICES, LLC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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:** MGRM  
**Name:** MATOS, JUAN M  
**Address:** 12505 ORANGE DR STE 902  
**City-St-Zip:** DAVIE, FL 33330 US

**Title:** MGR  
**Name:** CAPOBIANCO, JOSE G  
**Address:** 12505 ORANGE DR STE 902  
**City-St-Zip:** DAVIE, FL 33330 US

I hereby 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:** JUAN M MATOS

MGRM

01/15/2011

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