

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000005458

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** JALLES FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

4425 SW 106TH PLACE  
OCALA, FL 34476

**New Principal Place of Business:**

3091 NW 123RD AVE  
SUNRISE, FL 33323

**Current Mailing Address:**

4425 SW 106TH PLACE  
OCALA, FL 34476

**New Mailing Address:**

3091 NW 123RD AVE  
SUNRISE, FL 33323

**FEI Number:** 26-4205916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEREDITH, VALQUIRIA  
4425 SW 106TH PLACE  
OCALA, FL 34476 US

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

MEREDITH, VALQUIRIA  
3091 NW 123RD AVE  
SUNRISE, FL 33323 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:**

04/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MEREDITH, VALQUIRIA  
**Address:** 3091 NW 123RD AVE  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** MGRM  
**Name:** JALLES, CARLOS M  
**Address:** RUA TORORO, 89  
**City-St-Zip:** ARAPONGAS, PR 86709530 BR

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:** CARLOS MARTINS JALLES

MGRM

04/09/2011

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