

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015176

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** FREELANCE FINANCIAL, LLC

**Current Principal Place of Business:**

2220 COUNTY ROAD 210 WEST SUITE 108  
BOX 305  
ST. JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

2220 COUNTY ROAD 210 WEST SUITE 108  
BOX 305  
ST. JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 26-4200592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THIBAUT, JOHN F  
2032 GLENFIELD CROSSING CT  
SAINT AUGUSTINE, FL 32092 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: THIBAUT, JOHN F  
Address: 2032 GLENFIELD CROSSING CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM  
Name: THIBAUT, DESIREE  
Address: 2032 GLENFIELD CROSSING CT  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: JOHN THIBAUT

MR.

03/08/2010

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