

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000035509

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** RELIEF FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

43824 HWY 27  
DAVENPORT, FL 33837 US

**New Principal Place of Business:**

4112 W MULLEN AVE  
TAMPA, FL 33609 US

**Current Mailing Address:**

43824 HWY 27  
SUITE 1  
DAVENPORT, FL 33843 US

**New Mailing Address:**

4112 W MULLEN AVE  
TAMPA, FL 33609 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAZA, SYED  
4112 MULLEN AVE  
SUITE 1  
TAMPA, FL 33609 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: RAZA, SYED  
Address: 4112 MULLEN AVE  
City-St-Zip: TAMPA, FL 33609

Title: MGRM  
Name: AMAR, NABILE  
Address: 4403 PAXTON AVE  
City-St-Zip: TAMPA, FL 33611

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: SYED RAZA

MGRM

04/20/2011

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