

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092003

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DR.  
UNIT 214  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR.  
UNIT 214  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

SABA, DAVID  
1835 NE MIAMI GARDENS DR.  
UNIT 214  
NORTH MIAMI BEACH, FL 33179 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: SABA, DAVID  
Address: 1835 NE MIAMI GARDENS DR. UNIT 214  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM  
Name: SABA, JOSEPH  
Address: 17800 WEST DIXIE HIGHWAY, BUILDING C  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: MGRM  
Name: ABEID, DENISE  
Address: 1835 NE MIAMI GARDENS DR. UNIT 214  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 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: DAVID SABA MGRM 04/29/2011

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