FILE NOW: Fee after May 1, will be \$588.75

| THE FINANCE TRUST, 1111 KAME CONCERNS # 6/0 111 KAME CONCERNS # 6/0 112 TB 4 5 4 | 1 1 1 1 1 1 1 | | . 100 ano | 11104 | , ,, ,,,,,, | | | | | | | |
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| SCORTAGE SECRETARY OF STATE Number of Municipal Address Orticledes Labellity Company DOCUMENT #1,92000000050 PARAMONT AUTO FINANCE LLC P.O. BOX +1-483-7. MIAMI BEACH FL 33141-083-7. If above making soldoes in focured in any way, line through incorrect information and error correction in Blook 2s. 2 Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2bule, Apt. 4 sec. If Above making soldoes in focured in any way, line through incorrect information and error correction in Blook 2s. 2 Principal Place of Business 2a. Mailing Address 2bule, Apt. 4 sec. If Above making soldoes in focured in any way, line through incorrect information and error correction in Blook 2s. 2c) 49 / 1992 2c) 4 / 29 / 1992 2c) Apt. 4 sec. If Above making soldoes in focured in any way, line through incorrect information and address of Courts of State 2c) 4 / 29 / 1992 2c) Apt. 4 sec. If Above making soldoes in focured in any way, line through incorrect information and address of Courts of State 2c) 4 / 29 / 1992 2c) Apt. 4 / 20 / 20 / 20 / 20 / 20 / 20 / 20 / | ANNUAL REPORT Sandra B. Mortham Secretary of State | | | | | | | | | | | |
| Name of Maining Address DOCUMENT #1,9200000050 SECTION OF STATE MILANASCE, FLORIDA 1s. Principal Place of Beariness Address 1s. Principal Place of Beariness Address 1s. Principal Place of Beariness 1s. Principal Place of Beariness 1s. P | | | | | | | | | 9/4 | AY -7 F | PM 1:54 | |
| PARAMONT AUTO FINANCE LLC P.O. BOX 41 4837. MIAMI BEACH FL 33141 9937. If above nature gesties is a recorded in say way, the strough incorrect intermetion and erial connection in Block 12. 7 Principal Place of Guariness 2 Principal Place of Guariness 2 Principal Place of Guariness 3. Date Organized of Qualified 3. State of Formation 2 / 09/1992 FL 3 / FEI Number 3 / FEI Number 4 / FEI Number 4 / FEI Number 5 / O305085 5 / O305085 6 / O219 / O406 7 Name and Address of Current Registered Agent Name NASERSTEIN, RTCHARD 31 NORMANDY DR MIAMI BEACH FL 33141 Since Address (P.O. Box Number is Not Acceptable) Since Address (P.O. Box Number is Not Acceptable) Since Address (P.O. Box Number is Not Acceptable) Since Address of or redicted agenc on both it this Same of Forder. Country on the seminant for the purpose of Charping area sufficient days were sufficient agency on both in this Same of Forder. Country on the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient days of the seminant for the purpose of Charping area sufficient sufficient sufficient for the purpose of Charping area sufficient sufficient for the purpose of Charping area sufficient sufficient for the purpose of Charping area sufficient for | | | | | | | | | SECRETARY OF STATE TALLAHASSEE ELOPIDA | | | |
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| Sulfo. Apt. #, old | | | | | | enter corr | ection in Block 2a. | | | | | |
| Suite, Apt. 4, etc. Image: Concerned Suite Suite | 2 Princip | illing Address |) Address | | | | | f Formation | | | | |
| City & State Charles Country | | | | | | | | | 22 1 | 17 | - Annied For | |
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| 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent NASERSTEIN, RICHARD 913 NORMANDY DR MIAMI BEACH FL 331/1 Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. 4, etc. City Typ Code FL 10. Tallo Managing Members/Managers Business Street Address City, State and Zip Code M. RAI JMAN, MILTON THE FINANCE TRUST, 11. Ido hereby centify that the Information supplied with this filing-goes not qualify fift the exemption stated in Section 119,07(3) (D. Fords Statutes. Further centify that the Information supplied with this filing-goes not qualify fift the exemption stated in Section 119,07(3) (D. Fords Statutes. Such and Statutes. Such and Section 119,07(3) (D. Fords Statutes. Such and Section 119,07(3) (D. F | , | | on FC | | | | | | | | | |
| 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sulle, Apl #, etc. City FL 2p Code P. Pursuant to the provisions of Sections 608.418 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changin its registered opinion of the provisions of Sections 608.418 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changin its registered agent, or both, in the State of Florida. Such change was authorized by altimative vote of a majority of the members. I hereby accept the except the obligations. SIGNATURE (hypowed Agent Acceptage Appointment) 10. Tatle Managing Members/Managers DATE DATE 11. Take Analysis of the Color of the | Zip_ | | Country | Zıp | _ | Countr | ý | 5. Date of Last | нероп | | | |
| NAME Name Street Address (P.O. Box Number is Not Acceptable) Sule, Apt. F. etc. City FL Sule, Apt. F. etc. City Sule and Zip Code Managing Members/Managers Business Street Address City, State and Zip Code Managing Members/Managers Managing Members/Managers Managing Members/Managers Sule, Apt. F. etc. City Sule and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Managing Members/Managers Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Code Apt. That BBACH Ft. Sulf, State and Zip Co | 33 | 3/3 % | DADE | 33 | 3/40 | 10, | AD6 | | | | لب والتجييب | |
| WASERSTEIN, RICHARD 913 NORMANDY DR WIAMI BEACH FL 33141 Suite, Apt. #, etc. City FL Zip Code | | 7. Name | and Address of Current | Registere | d Agent | | Nome | 8. Name and Add | ress of New Re | gistered Age | nt | |
| 10. Title Managing Members/Managers Business Street Address City, State and Zip Code M RAIJMAN, MILITON THE FINANCE TRUST, WAS CONCOURSE OF GOOD STATE OF THE | its registe as registe | ered office or reg ered agent, and | iste <mark>red agent, or both, in th</mark> | and 608.50 e State of F | 08, Florida Statut Iorida. Such char | es, the at | pove-named limit | native vote of a majori | submits this state ty of the member | ment for the p | purpose of changing sept the appointment | |
| M RAIJMAN, MILTON THE FINANCE TRUST, WINT BEACH FI BAN KMGN A: 33/59 WINT BEACH FI BAN KMGN A: 3 | SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent Accepting Appointment) | | | | | gent signatur | etanier nerw beruper e | | | | | |
| THE FINANCE TRUST, 1111 KAME CONCERNS # 6/0 111 KAME CONCERNS # 6/0 112 TB 4 5 4 | 10. Title Managing Members/Managers | | | | Business Street Address | | | City, State and Zip Code | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the informatio indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on a attachment with an address. SIGNATURE: MILTON RAITON 4/27/21 868 878 F. | M M | | | | 740-710T-3T | | | 1 | NIAMI BEACH FL | | L | |
| indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute his report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on a attachment with an address. SIGNATURE: MILTON RAITON 4/27/21 868 878 F | | | | | | | | 40 | 0002 -05/14 ****2 | 1.784 79701 03.75 | 154 7 090007 ****203.75 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Deptime Priorie 6 | indicated limited lial attachme | on this annual i bility company of with an addre | report is true and accurate or the receiver or trustee eass. | and that m | to execute this re | have the | same legal effect quired by Chapte | as if made under oat er 608, Florida Statute | n; that I am a ma es; and that my n | naging memb ame appears | er or manager of the in Block 10, or on an | |