

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001086

1. Entity Name
U.S. FUNDING GROUP, LLC



Principal Place of Business

P.O. BOX 35246
SARASOTA, FL 34278

Mailing Address

P.O. BOX 35246
SARASOTA, FL 34278



03212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0851073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HESTER, GORDON D
5379 OCEAN BLVD
SARASOTA, FL 34242

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | ROBERT, JEFF D |
| STREET ADDRESS | 5379 OCEAN BLVD |
| CITY-ST-ZIP | SARASOTA, FL 34242 |
| TITLE | MGRM |
| NAME | HESTER, GORDON D |
| STREET ADDRESS | 3233 N. SECLUSION DR. |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | MGRM |
| NAME | BRITTINGHAM, ROBERT C |
| STREET ADDRESS | 5379 OCEAN BLVD |
| CITY-ST-ZIP | SARASOTA, FL 34242 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/25/05-80012-010 50.00

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IN THIS SPACE**

11. I 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 information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #