

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90110 037 ****55.00

DOCUMENT # M01000001907

1. Entity Name
ACTION FUNDING, LLC



Principal Place of Business
**333 KENNEDY DRIVE, SUITE R101
TORRINGTON CT 06790**

Mailing Address
**333 KENNEDY DRIVE, SUITE R101
TORRINGTON CT 06790**

2. Principal Place of Business
333 Kennedy Drive

Suite, Apt. #, etc.
Suite L102

City & State
TORRINGTON, CT.

Zip Country
06790 Litchfield

3. Mailing Address
333 Kennedy Drive

Suite, Apt. #, etc.
Suite L102

City & State
TORRINGTON, CT.

Zip Country
06790 Litchfield



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1531339**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARCANTONIO, DAVID F
226 HOMESTEAD RD. SOUTH
LEHIGH ACRES FL 33936**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **MARCANTONIO, DAVID F**
STREET ADDRESS **333 KENNEDY DRIVE, SUITE R101**
CITY-ST-ZIP **TORRINGTON CT 06790**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DAVID MARCANTONIO**
STREET ADDRESS **333 Kennedy Drive, Suite L102**
CITY-ST-ZIP **TORRINGTON CT. 06790**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/8/2003 860-489-6966

CR2E083 (10/02)