

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002316

FILED
Apr 30, 2009
Secretary of State

Entity Name: FEARSON FINANCIAL LLC

Current Principal Place of Business:

25 SOUTH LIBERTY AVENUE
POWELL, OH 43065

New Principal Place of Business:

3759 ATTUCKS DRIVE
POWELL, OH 43065

Current Mailing Address:

3982 POWELL ROAD
SUITE 322
POWELL, OH 43065

New Mailing Address:

FEI Number: 20-2470783 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHRISTY BRADY JANSSEN, P.A.
2406 N. LAKESIDE DRIVE
LAKE WORTH, FL 33460 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: MR () Delete
Name: FEARON, JOHN A
Address: 25 SOUTH LIBERTY AVENUE
City-St-Zip: POWELL, OH 43065

Title: MR () Delete
Name: FOLWARCZNY, BRIAN A
Address: 25 SOUTH LIBERTY STREET
City-St-Zip: POWELL, OH 43065

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: FEARON, JOHN A
Address: 3982 POWELL RD SUITE 322
City-St-Zip: POWELL, OH 43065

Title: MR (X) Change () Addition
Name: FOLWARCZNY, BRIAN A
Address: 3982 POWELL RD SUITE 322
City-St-Zip: POWELL, OH 43065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN A FOLWARCZNY MR 04/30/2009

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