

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90168 036 *****50.00

DOCUMENT # M06000003431

1. Entity Name
**AMERIFIRST NATIONAL FINANCIAL SERVICES OF LAKE
COUNTY, LLC**



Principal Place of Business
**2536 COUNTRYSIDE BLVD.
6TH FLR.
CLEARWATER, FL 33763**

Mailing Address
**2536 COUNTRYSIDE BLVD.
6TH FLR.
CLEARWATER, FL 33763**

60028115



2. Principal Place of Business - No P.O. Box #

**845 TEAGUE TRL
Bldg 3, Suite 10**

3. Mailing Address

Suite, Apt. #, etc.

02272007 Chg-LLC CR2E083 (12/06)

City & State
LADY LAKE FL

City & State

4. FEI Number
20-4981246

Applied For
Not Applicable

Zip **32159** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**NORTH, HEATHER
2536 COUNTRYSIDE BLVD.
6TH FLR.
CLEARWATER, FL 33763**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **NORTH, TIMOTHY O**
STREET ADDRESS **2536 COUNTRYSIDE BLVD. 6TH FLOOR**
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. **MGR** ADDITIONS/CHANGES

TITLE **National Development Services, LLC** ☐ Change ☒ Addition
NAME
STREET ADDRESS **2536 Countryside Bld 6th Floor**
CITY-ST-ZIP **Clearwater FL 33763**

TITLE ☐ Change ☐ Addition
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 exemptions contained in Chapter 119, 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

TIMOTHY O. NORTH

3-12-07

Date

727-726-0726

Daytime Phone #