

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90065 044 ***143.75

DOCUMENT # M07000001661

1. Entity Name
SARATOGA CAPITAL FINANCE LLC



Principal Place of Business
**70 LAKE AVE.
SARATOGA SPRINGS, NY 12866**

Mailing Address
**70 LAKE AVE.
SARATOGA SPRINGS, NY 12866**

60005080



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

258 VEHERS RD

3. Mailing Address

PO Box 1488

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

PO Box 1488

City & State

CLIFTON PARK NY

City & State

CLIFTON PARK NY

Zip

12065

Country

USA

Zip

12065

Country

USA

01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **71-0994678**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ECKLER, SUSAN
504 SOUTH SHORE DR.
OSPREY, FL 34229**

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]

(NOTE: Registered Agent signature required when reinstating)

1-20-08

DATE

**FILE NOW!!! FEES \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LENA, JESSE**
STREET ADDRESS **70 LAKE AVE.**
CITY-ST-ZIP **SARATOGA SPRINGS, NY 12866**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **LENA, JESSE**
STREET ADDRESS **258 VEHERS RD SUITE 202**
CITY-ST-ZIP **CLIFTON PARK NY 12065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

1-2501

Date

578-877-4700

Daytime Phone #