

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000351

FILED
Jul 30, 2009
Secretary of State

Entity Name: NEXTLEVEL FINANCIAL, LLC

Current Principal Place of Business:

3565 PIEDMONT RD BLDG 1 STE 404
ATLANTA, GA 30305

New Principal Place of Business:

3565 PIEDMONT RD
BLDG 1 STE 404
ATLANTA, GA 30305

Current Mailing Address:

3565 PIEDMONT RD BLDG 1 STE 404
ATLANTA, GA 30305

New Mailing Address:

3565 PIEDMONT RD
BLDG 1 STE 404
ATLANTA, GA 30305

FEI Number: 20-3749967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INCorp SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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: MGR () Delete
Name: PILOT, CHRISTOPHER
Address: 3565 PIEDMONT RD BLDG 1 STE 404
City-St-Zip: ATLANTA, GA 30305

Title: MGR () Delete
Name: SMITH, ROBERT G
Address: 3565 PIEDMONT RD BLDG 1 STE 404
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUY SMITH

VP

07/30/2009

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