## M11000005711

| (Requestor's Name)                      |                   |              |
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| (Address)                               |                   |              |
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| (Address)                               |                   |              |
|   |                   |              |
| (Cit                                    | ty/State/Zip/Phon | ne #)        |
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| PICK-UP                                 | ■ WAIT            | MAIL         |
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| (Bu                                     | siness Entity Na  | me)          |
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| (Do                                     | cument Number     | <del>,</del> |
| 00)                                     | cument Number     | )            |
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| Certified Copies                        | _ Certificate     | s of Status  |
|   |                   |              |
| Special Instructions to Filing Officer: |                   |              |
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Office Use Only



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2012 FEB 1:3 FM : 30
SECRETARY OF STATE
TALL AHASSEE FLORIDA

C. LEWIS
FEB 1 4 2012
EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: FLYANCIAL ASSETS OF AMERICA LLC.   |  |  |  |
|---|--|--|--|
| Name of Foreign Limited Liability Company   |  |  |  |
| Dear Sir or Madam:  |  |  |  |
| The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |
| Gabriella Magoninas   |  |  |  |
| Name of Person  |  |  |  |
| Holding Assest LLC  |  |  |  |
| Firm/Company  |  |  |  |
| 444 Brickell Ave # 51-471   |  |  |  |
| Address   |  |  |  |
| MINH 7 33131  |  |  |  |
| City/State and Zip Code   |  |  |  |
| Holding Assets @ Guard. com   |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| -Gob Riella Maroninosar (786) 297-7666  |  |  |  |
| Name of Person Area Code and Daytime Telephone Number   |  |  |  |
| CTDEET/COUDIED ADDRESS. MAILING ADDRESS.  |  |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section  |  |  |  |
| Division of Corporations Division of Corporations   |  |  |  |
| Clifton Building P.O. Box 6327  |  |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301  |  |  |  |
| Fuclosed is a check for the following amount:   |  |  |  |
| Enclosed is a check for the following amount:  \$\sum_{\sum_{\text{525}}} \text{Filing Fee}   \text{\$\sum_{\text{\$55.00}}} \text{Filing Fee &  \text{\$\sum_{\text{\$60}}} \text{Filing Fee,} |  |  |  |
| Certificate of Status Certified Copy Certificate of Status &  |  |  |  |
| Certified Copy  |  |  |  |
| CR2E123(8/07)   |  |  |  |

## FILED

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANYFEB 1/3 PM /8: 30 TO CHANGE MANAGER(S) OR MANAGING MEMBER(S) SECRE FARY OF STATE FALLAHASSEE, FLORIDA

| 1. The name of the limited liability company Department of State is: FINGNOIAL | as it appears on the records of the Florida  ASSetS OF DMG1CQ 11C. |  |  |
|--|--|--|--|
| 2. This entity was formed under the laws of: Delaware.                         |  |  |  |
| 3. This entity was authorized to transact business in Florida on 44/10/2011    |  |  |  |
| and its Florida document/registration number is H100005711                     |  |  |  |
| 4. The name and address of each manager or managing member is as follows:      |  |  |  |
| <u>Title:</u> "MGR" = Manager  | Name and Address:  |  |  |
| "MGRM" = Managing Member   | - <del>(</del>   |  |  |
| MGR  | Holding Assest 11c   |  |  |
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| :  |  |  |  |
| Required Signature:  |  |  |  |
| Signature of Manager, Managing Member or Member                                |  |  |  |

Filing Fee: \$25