DOCUMENT # M9700000710					FILED			
	FINANCIAL CO., L.L.C.		(IOMAY 12 AMII: (15			
				. Γά	SECRETARY OF STATE	re Ina		
Principal Place of Business Mailing Address				""	CELLINOSEEL EDIL	107		
M. E. HIGH STREET SOMERVILLE NJ 08876 30 31 E. HIGH STREET SOMERVILLE NJ 08876-2302			2					
Principal Place of Business 3. Mailing Address 88) NE 2644 Su			8CE of w		<u> </u>	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite@ 228			DO NOT WRITE IN THIS SPACE			
City & State		City & State Ft. Landerdalo, FL		4. FEIN	22-3507399	├	oplied For of Applicable	
Zip -	Country	Zip	- Country -	5. Certi	icate of Status Desired	\$5.00 Add		
	6. Name and Address of Current	<u> </u>	J	7. Name	and Address of New Regist			
			Name		/			
SHAPIRO, DANA				Street Address (P.O. Box Number is Not Acceptable)				
	26TH ST., SUITE 228 JDERDALE FL 33305							
TONI ENOBERDALE LE 00003			City	City			Zip Code	
	named entity submits this statement for			٠,		FL Zip Cod		
ignature .	Signature, typed or printed name of registered agent a	1	Registered Agent signatu W!!! FEE IS \$: able to Departr	50.00	ng) .	DATE		
_	MANAGING MEMBE	 ERS/MEMBERS	10.		ADDITIONS/CHA	NGES		
TLE	MGR	☐ Deleta	TITLE			Change	Addition	
AME INEET ADDRENN TY-NT-ZIP	SHAPIRO, DANA 1881 N.E. 26TH ST., SUITE 228 FT. LAUDERDALE FL 33305		NAME STREET ADDRESS CITY-ST-ZIP					
TLE		☐ Delete	TITLE	•	<u> </u>	☐ Change	Addition	
AME Freet Address		•	NAME STREET ADDRESS		00000327	'9 45U - NN18(> 11도	
TY-SI-ZIP	remain the second	e jedenska i majarji	CITY-ST-ZIP		*****50.	[][] ^{***} *****		
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TY-ST-ZIP		•	CITY- 8T- ZIP		-			
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AME FREET ADDRESS	·		NAME STREET ADDRESS					
TY-ST-ZIP			CITY-ST-ZIP					
TLE		Delete	TITLE			Change	Addition	
LME			NAME *TREET ADDRESS					
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TLE		☐ Delete	TITLE			☐ Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #