

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027146

**Entity Name:** MADIANNA FINANCIAL, LLC

**Current Principal Place of Business:**

6629 GLENCOE DR.  
TAMPA, FL 33617

**Current Mailing Address:**

P.O. BOX 290849  
TAMPA, FL 33687 US

**FEI Number:** 51-0433838

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WELLS, JAMES  
6629 GLENCOE DR.  
TAMPA, FL 33617 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

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	WELLS, JAMES	Name	WELLS, KAREN M
Address	6629 GLENCOE	Address	6629 GLENCOE DR
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TEMPLE TERRACE FL 33617

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES WELLS

**PRES**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date