

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016953

**Entity Name:** FINANCIAL LLC

**Current Principal Place of Business:**

11300 REXMERE BLVD  
DAVIE, FL 33325

**Current Mailing Address:**

11300 REXMERE BLVD  
DAVIE, FL 33325

**FEI Number:** 56-2385725

**Certificate of Status Desired:** No

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

HINDEN, JON A. ESQ.  
4430 SOUTHWEST 64TH AVENUE  
DAVIE, FL 33314 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:** JON A. HINDEN, ESQ.

02/07/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	CO-MANAGER
Name	DALE, JAMES M	Name	DALE, BONNIE L
Address	11300 REXMERE BLVD	Address	11300 REXMERE BLVD
City-State-Zip:	DAVIE FL 33325	City-State-Zip:	DAVIE FL 33325

*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 M. DALE

MANAGER

02/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date