

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024573

**Entity Name:** THE BOFI GROUP LLC

**Current Principal Place of Business:**

8163 BIBIANA WAY  
#306  
FT. MYERS, FL 33912

**Current Mailing Address:**

8163 BIBIANA WAY  
#306  
FT. MYERS, FL 33912 US

**FEI Number:** 35-2251457

**Certificate of Status Desired:** No

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

WHALEN, BRADLEY J  
8163 BIBIANA WAY  
#306  
FORT MYERS, FL 33912 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 MGR  
Name WHALEN, BRADLEY J  
Address 8163 BIBIANA WAY #306  
City-State-Zip: FORT MYERS FL 33912

Title MGRM  
Name DEWERFF, CHRISTINA L  
Address 8163 BIBIANA WAY #306  
City-State-Zip: FORT MYERS FL 33912

Title MGRM  
Name WHALEN, WILLIAM  
Address 64 4TH ST.  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name STAHL, DOUGLAS  
Address 620 11TH STREET #401  
City-State-Zip: GOLDEN CO 80401

Title MGRM  
Name WHALEN, JAMES  
Address 28349 E. 6TH ROAD  
City-State-Zip: FARMERSVILLE IL 62533

Title MGRM  
Name NEILA J. JORDAN LIVING TRUST  
Address 30040 E. 8TH ROAD  
City-State-Zip: MORRISONVILLE IL 63546

*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:** BRADLEY J. WHALEN

**MANAGER**

**04/22/2014**

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

\_\_\_\_\_  
Date