

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014834

Entity Name: MUTUAL RELIANCE FINANCIAL GROUP, LLC

Current Principal Place of Business:

11767 S. DIXIE HWY #354
PINECREST, FL 33156-4438

Current Mailing Address:

100 ALMERIA AVENUE, STE. 230
CORAL GABLES, FL 33134

FEI Number: 51-0627053

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHABSELS, MARIN S
20900 N.E. 30TH AVE, SUITE 600
C/O ROSENTHAL ROSENTHAL RASCO KAPLAN, LLC
AVENTURA, FL 33180 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 JELKE, BILL
Address 11767 S. DIXIE HWY #354
City-State-Zip: PINECREST FL 33156-4438

Title MGRM
Name SANDRI, DAVID M
Address 100 ALMERIA AVE., STE. 230
City-State-Zip: CORAL GABLE FL 33134

Title MGRM
Name JELKE, THOMAS B
Address 100 ALMERIA AVE., STE. 230
City-State-Zip: CORAL GABLE FL 33134

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: THOMAS JELKE

MANAGER

02/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date