

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID M SANDRI**

**MGRM**

**03/11/2013**

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

\_\_\_\_\_  
Date