

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022309

**Entity Name:** FINANCE DEPOT, LLC

**Current Principal Place of Business:**

10 FAIRWAY DRIVE, SUITE 304  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

15859 S RIDGELAND AVE  
STE D  
OAK FOREST, IL 60452 US

**FEI Number:** 27-5134014

**Certificate of Status Desired:** Yes

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

GROSS, WILLIAM J  
C/O TRIPP SCOTT, PA  
110 SE 6TH ST, 15TH FLOOR  
FT LAUDERDALE, FL 33301 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 MANCARI, FRANK  
Address 10 FAIRWAY DRIVE, SUITE 202  
City-State-Zip: DEERFIELD BEACH FL 33441

Title P  
Name MANCARI, FRANK  
Address 10 FAIRWAY DRIVE, SUITE 202  
City-State-Zip: DEERFIELD BEACH FL 33441

Title VPS  
Name MANCARI, BARBARA  
Address 10 FAIRWAY DRIVE, SUITE 202  
City-State-Zip: DEERFIELD BEACH FL 33441

Title T  
Name MANCARI, CHRISTINE  
Address 10 FAIRWAY DRIVE, SUITE 202  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** FRANK MANCARI

**MANAGER**

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date