

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000181598

**Entity Name:** ALL SERVICE FINANCIAL, L.L.C.

**Current Principal Place of Business:**

12276 SAN JOSE BLVD.  
SUITE 420  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12276 SAN JOSE BLVD.  
SUITE 420  
JACKSONVILLE, FL 32223 US

**FEI Number:** 82-2693846

**Certificate of Status Desired:** No

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

SILVER, JOHN A  
12276 SAN JOSE BLVD.  
SUITE 420  
JACKSONVILLE, FL 32223 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 AMBR  
Name SILVER, JOHN A  
Address 12276 SAN JOSE BLVD  
420  
City-State-Zip: JACKSONVILLE FL 32223

Title AMBR  
Name STOMEL, JOSHUA  
Address 19525 VENTURA BLVD, SUITE F  
City-State-Zip: TARZANA CA 91356

Title AMBR  
Name SILVER MCAVITY, BONNIE  
Address 10714 GREENBRIAR VILLA DRIVE  
City-State-Zip: WELLINGTON FL 33449

Title AMBR  
Name STOMEL, VIVIAN  
Address 12276 SAN JOSE BLVD. STE. 420  
City-State-Zip: JACKSONVILLE FL 32223

*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: JOHN SILVER**

**MANAGER**

**02/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date