

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005442

**Entity Name:** MERIT FINANCIAL GROUP, LLC**Current Principal Place of Business:**2400 LAKEVIEW PKWY STE 550  
ALPHARETTA, GA 30009**Current Mailing Address:**2400 LAKEVIEW PARKWAY, SUITE 650  
ALPHARETTA, GA 30009**FEI Number:** 45-3686413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HWY 1  
N PALM BEACH, FL 33408 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           | MANAGING MEMBER             |
| Name            | KENT, RICK L.               |
| Address         | 2400 LAKEVIEW PKWY, STE 550 |
| City-State-Zip: | ALPHARETTA GA 30009         |

|                 |                             |
|-----------------|-----------------------------|
| Title           | MANAGING MEMBER             |
| Name            | MAYHUE, KAY LYNN            |
| Address         | 2400 LAKEVIEW PKWY, STE 550 |
| City-State-Zip: | ALPHARETTA GA 30009         |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | MANAGING MEMBER                 |
| Name            | BLANTON, DOUGLAS L              |
| Address         | 2400 LAKEVIEW PARKWAY SUITE 550 |
| City-State-Zip: | ALPHARETTA GA 30009             |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | MANAGING MEMBER                 |
| Name            | WOOD, AMELIA B                  |
| Address         | 2400 LAKEVIEW PARKWAY SUITE 550 |
| City-State-Zip: | ALPHARETTA GA 30009             |

*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:** RICK L. KENTMANAGING MEMBER, BY 06/23/2022  
THERESA FAGAN,  
ATTORNEY-IN-FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date