No. W 58769		Due no later than Feb 28, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed.			Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080									
		ACCELERATED FINANCIAL SOLUTIONS L.L.C. AMANDA DEGRAFF C/O CORNERSTONE SUPPORT INC 70 MANSELL COURT, SUITE 250 ROSWELL GA 30076							
NO FILING FEE IF RECEIVED BY DUE DATE		NOOWELL G				J			
4. Limited Liability Compani	ies: Enter Nar	mes and Address	ses of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
	JOSHUA TAWES ANTHONY STILE		39 MONETTE PKWY 39 MONETTE PKWY		SMITHFIELD SMITHFIELD	VA VA	USA	23430 23430	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
VA		Signature: Anthony Stile				Date: 12/28/2016			
W 58769		Name (type or print): Anthony Stile			Title: Member				
Processed 12/28/2016 * Electronically provided signatures are accepted as original signatures.									