

16013665





QMB APPROVAL 3235-0123 Expires: March 31, 2 Estimated average burden March 31, 2016



PUBLIC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ANNUAL AUDITED REPORT FORM X-17A-5 PART III

SEC FILE NUMBER 8-67037

hours per response 12.00

QMB Number.

FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

(City) (State) (Zity) NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT DAVID WILSON B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	OFFICAL USE ONLY FIRM ID. NO. 33132 ip Code)
NAME OF BROKER DEALER: EQUIFINANCIAL LLC ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.) 1717 NORTH BAYSHORE DRIVE, SUITE 208 (No. and Street) MIAMI FLORIDA (City) (State) (ZONAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT DAVID WILSON 305-38 (Area Code - TO B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	FIRM ID. NO.
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.) 1717 NORTH BAYSHORE DRIVE, SUITE 208 (No. and Street) MIAMI FLORIDA (City) (State) (Attack) NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT DAVID WILSON B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	FIRM ID. NO.
1717 NORTH BAYSHORE DRIVE, SUITE 208 (No. and Street) MIAMI FLORIDA (City) (State) (Area Code - TO THIS REPORT DAVID WILSON B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	33132
(No. and Street) MIAMI FLORIDA (City) (State) NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT DAVID WILSON B. ACCOUNTANT DESIGNATION (Area Code - T DAVID WILSON OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	
MIAMI (City) (State) (Zity) NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT DAVID WILSON 305-38 (Area Code - Total Company of the	
(City) (State) (ZAMAND COMPANY, PA (Name - if individual, state last, first, middle name) (City) (State) (ZAMAND COMPANY) (DAVID WILSON 305-35 (Area Code - TOMPANY) (Name - if individual, state last, first, middle name) FLORIDA	
NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN REGARD TO THIS REPORT 305-38 (Area Code - T B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	in Code)
B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	ili come)
B. ACCOUNTANT DESIGNATION INDEPENDENT PUBLIC ACCOUNTANT whose opinion is contained in this Report* OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	8-1040
OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	elephone No.)
OHAB AND COMPANY, PA (Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	
(Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	
(Name - if individual, state last, first, middle name) 100 E. SYBELIA AVENUE, SUITE 130, MAITLAND FLORIDA	
	32751
(Address and City) (State)	(Zip Code)
CHECK ONE:	
Certified Public Accountant	
Public Accountant	
Accountant not resident in United States or any of its Possessions	
FOR OFFICIAL USE ONLY	

Potential persons who are to respond to the collection of Information contained in this form are required to respond unless the form displays a current valid OMB control number.



SEC 1410 (06-02)

^{*}Claims for exemption from the requirement that the annual audit be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption, See section 240.17a-5(e)(2).

OATH OR AFFIRMATION

l,	t of my knowledge and helief	DAVID L. WILSON	, swear (or affirm) that, to the ement and supporting schedules pertaining to the firm or
UCS	it of my knowledge and belief	EQUIFINANCIAI	
	DECEMBER		orrect. I further swear (or affirm) that neither the company
	any partner, proprietor, princustomer, except as follows:	ipal officer or director has any p	roprietary interest in any account classified solely as that of
	MARLY J W	ALTERS	David 2th
	MY COMMISSION EXPIRES Decem (407) 398-0153 FioridaNotaryS	ber 16, 2018	Signature MANAGING MEMBER
	Mufflu Public Notar	9 2/26/16	Title
	y rabite rotar		
This r	eport** contains (check all appl	cable boxes);	
	a) Facing page.	· •	
	 Statement of Financial Condition Statement of Income (Loss). 	ion.	
	i) Statement of Changes in Final	ncial Condition.	
☐ (e	Statement of Changes in Stock	cholders' Equity or Partners' or Sol	
		ities Subordinated to Claims of Cre	ditors.
	() Computation of Net Capital.	n of Reserve Requirements Pursuar	t to Rule 15c3.3
		ssession or control Requirements U	
			utation of Net Capital Under Rule 15c3-1 and the
	Computation for Determination	n of the Reserve Requirements und	er Exhibit A of Rule 15c3-1.
(k	 A Reconciliation between the solidation. 	audited and unaudited Statements o	f Financial Condition with respect to methods of con-
XI o) An Oath or Affirmation.		
	n) Exemption Report.		
] (n) A copy of the SIPC Suppleme		
(0	 A report describing any mater 	ial inadequacies found to exist or fo	ound to have existed since the date of the previous audit.

^{**} For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

EQUIFINANCIAL, LLC

STATEMENT OF FINANCIAL CONDITION DECEMBER 31, 2015

ASSETS

Assets:						
Cash and cash equivalents	\$	7,125				
Commissions receivable		4,618				
Total Asset	\$	11,743				
LIABILITIES AND MEMBER'S EQUITY						
Liabilities:						
Accounts payable and accrued liabilities	\$	158				
Member's equity:	and the same of th	11,585				
	\$	11,743				