

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90576 012 ****50.00

DOCUMENT # L01000021519

1. Entity Name

FOUNDATION FINANCIAL GROUP LLC

DO NOT WRITE IN THIS SPACE

957239

2. Principal Place of Business

833 HIGHLAND AVE., STE 200

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

4. FEI Number

22-3848764

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)

1000 WEST AVENUE STE 1114

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

Richard A. Oster

5/2/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMBER

TIM A. BANKS

4101 FAIRVIEW VISTA PT. #334

ORLANDO, FL 32804

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/02

407-649-9711

CR2E083B (12/01)