2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90053 023 ****50.00

DOCUMENT # L04000086885

1. Entity Name
WAYPOINT FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
22811 NE 123RD PATH UNION, FL	RT. 1 BOX 480 LAKE BUTLER, FL 32054

03072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
22811 NE 123rd Path	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Raiford, FL	City & State
Zip: 32083 Country: USA	Zip Country

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, JUDY A 22811 NE 123RD PATH UNION, FL	Name: Judy A. Clark Street Address (P.O. Box Number is Not Acceptable): 22811 NE 123rd Path City: Raiford FL Zip Code: 32083

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Judy A. Clark (Judy A. Clark) 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CLARK, JUDY A		NAME		
STREET ADDRESS	RT. 1 BOX 480		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Judy A. Clark (Judy A. Clark) 3/7/05 386-431-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #