

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075744

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** EQUITY FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

2540 EGRET LAKE DR.  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

2540 EGRET LAKE DR.  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

**FEI Number:** 45-2647989      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FINGER, GAIL S  
2540 EGRET LAKE DR.  
WEST PALM BEACH, FL 33413      US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FINGER, GAIL S  
**Address:** 2540 EGRET LAKE DR.  
**City-St-Zip:** WEST PALM BEACH, FL 33413

**Title:** MGRM  
**Name:** SCOLA, ELAINE K  
**Address:** 2540 EGRET LAKE DR.  
**City-St-Zip:** WEST PALM BEACH, FL 33413

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELAINE K. SCOLA

MGRM

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date