

K20000037987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2022 MAY 27 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*See*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FORWARD FINANCIAL ADVISORS, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Molly SHRAUNER  
Name of Person

FORWARD FINANCIAL ADVISORS, LLC  
Firm/Company

1881 7<sup>th</sup> St CSWY #1407  
Address

NORTH BAY VILLAGE, FL 33141  
City/State and Zip Code

molly.shrauner@forwardfinancialadv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molly Shrauner at ( 786 ) 877-1891  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: FORWARD FINANCIAL ADVISORS

**SECOND:** The Florida Document number of the limited liability company is: L20000037987

**THIRD:** Document to be corrected is: \_\_\_\_\_

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The EIN #, as submitted to the State of Florida  
on 2-21-20, is 84-4502193. The sunbiz.org listing  
shows 84-4502192.

**OR**

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**FILED**  
**2022 MAY 27 PM 1:53**  
**SECRETARY OF STATE**  
**PALM HARBOR, FLORIDA**

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

Date: 02/21/20

Division of Securities  
Office of Financial Regulation  
200 East Gaines Street  
The Fletcher Building  
Tallahassee, FL 32399-0372

Please let this letter serve as an affidavit that **Forward Financial Advisors** has not conducted any investment advisory activities or securities transactions in or from the State of Florida for which registration pursuant to section 517.12, FS would have been required at any time, up to and including the present.

*Specifically, the firm has not conducted any advisory activity in or to Florida.*

**Forward Financial Advisors** is applying for registration in the State of Florida. Its IARD# is **307677** and its EIN is 84-4502193. I, **Molly Ann Shrauner**, hereby swear that this is a true and accurate statement.

Best Regards,

x Molly Ann Shrauner

By: **Molly Ann Shrauner**

(Seal)



State of Arizona )

County of Maricopa )

Subscribed and sworn to (or affirmed) before me this 21 day of February (month), 2020

[Signature] (Signature of Notary)