

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044465

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** REGENCY FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

543 NE CANOE PARK CIR  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

8461 LAKE WORTH ROAD  
163  
LAKE WORTH, FL 33467

**Current Mailing Address:**

543 NE CANOE PARK CIR  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

8461 LAKE WORTH RD.  
SUITE 163  
LAKE WORTH, FL 33467

**FEI Number:** 80-0404035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY, IVAN  
8329 BERMUDA SOUND WAY  
BOYNTON BEACH, FL 33436 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:** CEO  
**Name:** LEVY, IVAN  
**Address:** 8329 BERMUDA SOUND WAY  
**City-St-Zip:** BOYNTON BEACH, FL 33436

**Title:** PT  
**Name:** ANDERSON, TOM  
**Address:** 8461 LAKE WORTH ROAD  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** S  
**Name:** MANGELLI, JOHN  
**Address:** 626 REXCORP PLAZA  
**City-St-Zip:** UNIONDALE, NY 11556

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:** TOM ANDERSON

PT

04/10/2012

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