

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000110481

**Entity Name:** LOVINGER FINANCIAL SERVICES INC

**Current Principal Place of Business:**

4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629

**Current Mailing Address:**

4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629

**FEI Number:** 20-5427677

**Certificate of Status Desired:** No

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

MONTE DE OCA, CHRISTINA  
4016 HENDERSON BLVD  
STE 0  
TAMPA, FL 33629 US

*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

**Officer/Director Detail :**

Title P  
Name MONTE DE OCA, CHRISTINA  
Address 4016 HENDERSON BLVD STE 0  
City-State-Zip: TAMPA FL 33629

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINA MONTE DE OCA

P

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date