

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009928

Entity Name: FRYE PENSION AND FINANCIAL CENTER, LLC

Current Principal Place of Business:

20900 WEST DIXIE HIGHWAY
AVENTURA, FL 33180

Current Mailing Address:

20900 WEST DIXIE HIGHWAY
AVENTURA, FL 33180

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRYE, AUSTIN A
20900 WEST DIXIE HIGHWAY
AVENTURA, FL 33180 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

Authorized Person(s) Detail :

Title MGR
Name NEWMAN, ROBIN
Address 20900 WEST DIXIE HIGHWAY
City-State-Zip: AVENTURA FL 33180

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN NEWMAN

MANAGER

03/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date