

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075744

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC0419300236**

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

**Current Principal Place of Business:**

6113 PALM HARBOR DRIVE  
LANTANA, FL 33462

**Current Mailing Address:**

6113 PALM HARBOR DRIVE  
LANTANA, FL 33462 US

**FEI Number:** 45-2647989

**Certificate of Status Desired:** No

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

FINGER, GAIL S  
6113 PALM HARBOR DRIVE  
LANTANA, FL 33462 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	MGRM	Title	MGRM
Name	FINGER, GAIL S	Name	SCOLA, ELAINE K
Address	6113 PALM HARBOR DRIVE	Address	6113 PALM HARBOR DRIVE
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462

*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:** GAIL S. FINGER

**MANAGING PARTNER**

**03/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date