

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000048903

**Entity Name:** EASTERN ATLANTIC FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

175 S.W. 7TH STREET  
SUITE #2000  
MIAMI, FL 33130

**FILED**  
**Mar 25, 2016**  
**Secretary of State**  
**CC1401162145**

**Current Mailing Address:**

175 SW 7 STREET  
SUITE 2000  
MIAMI, FL 33130 US

**FEI Number: 80-0954622**

**Certificate of Status Desired: No**

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

JOHN PAUL ARCIA PA  
175 S.W. 7TH STREET  
SUITE #2000  
MIAMI, FL 33130 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  
Name ARC GROUP SERVICES, LLC  
Address P.O. BOX 330927  
City-State-Zip: MIAMI FL 33233

*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: JOHN ARCIA**

**MANAGER**

**03/25/2016**

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

\_\_\_\_\_  
Date