Name and Ad	dress of Current Registered Agent:			
EDOUARD, SAIN 5708 STRAWBEF LAKE WORTH, F	RRY LAKES CIR			
The above named e	entity submits this statement for the purpose of changing its regist	tered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE:	EDOUARD SAINT ANNE			04/30/2021
	Electronic Signature of Registered Agent			Date
A utherined D				
Authorized P	erson(s) Detail :			

2021 FLORIDA LIMITED LIABILITY COMP.	ANY ANNUAL REPORT

DOCUMENT# L15000070822

Entity Name: FD FINANCIAL GROUP LLC

## **Current Principal Place of Business:**

5708 STRAWBERRY LAKES CIR LAKE WORTH. FL 33463

# **Current Mailing Address:**

5708 STRAWBERRY LAKES CIR LAKE WORTH. FL 33463

# **FEI Number: NOT APPLICABLE**

### ما ۸ ما ما " .... .... . . Name

Title Name

Address

### EDOUARD, SAINT ANNE MGR DENOCHAMPS, JUDERNS Name 5708 STRAWBERRY LAKES CIR Address 3141 S MILITARY TRAIL SUITE 101 City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

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: EDOUARD SAINT ANNE

OWNER

04/30/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2021 Secretary of State 1317736091CC

Certificate of Status Desired: No