

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000052770

Entity Name: DJR FINANCIAL SERVICES LLC**Current Principal Place of Business:**2986 W EDISON PLACE
CITRUS SPRINGS, FL 34433**Current Mailing Address:**2986 W EDISON PLACE
CITRUS SPRINGS, FL 34433 US**FEI Number:** 83-4051821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REAL ESTATE AND INSURANCE AND ONLINE STORE
1625 S. FEDERAL HIGHWAY
407
POMPANO BEACH, FL 33062 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:** DALIA BANKERSINGH

04/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------------|
| Title | MGR |
| Name | DALIA BANKERSINGH |
| Address | 1625 S. FEDERAL HIGHWAY 407 |
| City-State-Zip: | POMPANO BEACH FL 33062 |

| | |
|-----------------|-----------------------------|
| Title | AP |
| Name | DALIA BANKERSINGH |
| Address | 1625 S. FEDERAL HIGHWAY 407 |
| City-State-Zip: | POMPANO BEACH FL 33062 |

| | |
|-----------------|-----------------------------|
| Title | AMBR |
| Name | DALIA BANKERSINGH |
| Address | 1625 S. FEDERAL HIGHWAY 407 |
| City-State-Zip: | POMPANO BEACH FL 33062 |

| | |
|-----------------|-----------------------------|
| Title | MGR |
| Name | BANKERSINGH, JASON R |
| Address | 1625 S. FEDERAL HIGHWAY 407 |
| City-State-Zip: | POMPANO BEACH FL 33062 |

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: DALIA BANKERSINGH

PRESIDENT

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date