

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000930	
1. Entity Name LIFETIME FINANCIAL STRATEGIES, L.L.C.	

Principal Place of Business 136 MALAGA STREET ST AUGUSTINE, FL 32084	Mailing Address P.O. BOX 387 ST AUGUSTINE, FL 32085
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC CR2E083 (10/03)

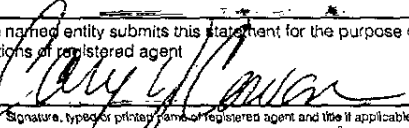
4. FEI Number 59-3625091	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COWAN, CARY J
136 MALAGA STREET
SAINT AUGUSTINE, FL 32084

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE  DATE 4-20-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

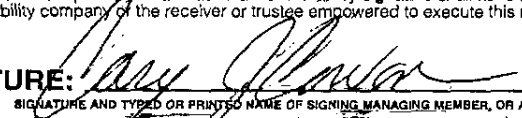
U000000322531
04/22/05-80016-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWAN, CARY J 136 MALAGA STREET ST AUGUSTINE, FL 32084
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 4-20-05 DAYTIME PHONE # 904-824-8147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE