

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000971

1. Entity Name
BUTTELMAN & STREHLOW FINANCIAL SERVICES, LLC

FILED

01 MAR -9 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2226 SOUTH CONGRESS AVE
WEST PALM BEACH FL 33406

Mailing Address
2226 SOUTH CONGRESS AVE
WEST PALM BEACH FL 33406



2. Principal Place of Business

3. Mailing Address

P.O. Box 19599

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

West Palm Beach, FL

4. FEI Number

52-2212503

Applied For

Not Applicable

Zip

Country

Zip

Country

33416-9599 Palm Beach

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STREHLOW, ROGER
2226 SOUTH CONGRESS AVE
WEST PALM BEACH FL 33406

Name: *Michael Buttelman*
Street Address (P.O. Box Number is Not Acceptable): *11576 Buckhaven Lane*
City: *West Palm Beach* FL Zip Code: *33412*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: *Managing Partner* ☐ Delete
NAME: *Roger H. Strehlow, MGR*
STREET ADDRESS: *3636 D Road*
CITY-ST-ZIP: *Luxemburg, FL 33470*

TITLE: ☐ Change ☐ Addition
NAME: *500003851135-3*
STREET ADDRESS: *03/13/01-01101-009*
CITY-ST-ZIP: ******50.00 *****50.00*

TITLE: *Partner* ☐ Delete
NAME: *Michael Buttelman*
STREET ADDRESS: *11576 Buckhaven Lane*
CITY-ST-ZIP: *West Palm Beach, FL 33412*

TITLE: ☐ Change ☐ Addition
NAME: *500003851135-3*
STREET ADDRESS: *03/13/01-01101-009*
CITY-ST-ZIP: ******50.00 *****50.00*

TITLE: *Partner* ☐ Delete
NAME: *John W. Adams*
STREET ADDRESS: *Chatham Tower Suite 1H*
CITY-ST-ZIP: *Pittsburgh, Pa 15219*

TITLE: ☐ Change ☐ Addition
NAME: *500003851135-3*
STREET ADDRESS: *03/13/01-01101-009*
CITY-ST-ZIP: ******50.00 *****50.00*

TITLE: ☐ Delete
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Roger H. Strehlow* SIGNATURE REQUIRED

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

2/5/01 561-965-100 ext 251
Date Daytime Phone #

0013579 AF

CR2E083 (11/00)