

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000000971

1. Entity Name
BUTTELMAN & STREHLOW FINANCIAL SERVICES, LLC



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

Mailing Address
P.O. BOX 19599
WEST PALM BEACH, FL 33416-9599



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2212503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STREHLOW, ROGER A
3636 D ROAD
LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUTTELMAN, MICHAEL
11576 BUCKHAVEN LANE
WEST PALM BEACH, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000689047
04/11/07-80020-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

4/2/07

Date

(561) 965-1000 xt. 237

Daytime Phone #