

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003501

1. Entity Name

CYPRESS FINANCIAL RESEARCH, LLC

FILED

Principal Place of Business

2100 N.E. 24TH STREET
FT. LAUDERDALE FL 33305

Mailing Address

2100 N.E. 24TH STREET
FT. LAUDERDALE FL 33305

01 SEP 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

11 Royal Palm Drive
Suite, Apt. #, etc.

3. Mailing Address

11 ROYAL PALM DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

05-1083635

Applied For

Not Applicable

Zip

FL 33301

Country

USA

Zip

33301

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCO, ROXANNE
2100 N.E. 24TH STREET
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name: ROXANNE FRANCO
Street Address (P.O. Box Number is Not Acceptable): 11 ROYAL PALM DRIVE
City: Ft. Lauderdale FL Zip Code: 33301

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
Due By September 26, 2001

200004609552--5
-09/25/01--01006--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCO, ROXANNE 2100 N.E. 24TH STREET FT. LAUDERDALE FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

(954) 764-7382

000475

CR2E083 (5/01)

STAPLE CHECK HERE