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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

01-24-2002 90354 020 ****55.00
07-29-2002 90002 005 ****50.00

41011

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000004060

1. Entity Name
HENNESSEY FINANCIAL, L.L.C.

Principal Place of Business	Mailing Address
220 S. FRANKLIN STREET TAMPA FL 33602	220 S. FRANKLIN STREET TAMPA FL 33602

2. Principal Place of Business	3. Mailing Address
304 Plant Avenue	304 Plant Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. FEI Number APPLIED FOR 59-3639313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, FRED DAVID
304 PLANT AVENUE, SUITE 200
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, DAVID F 5010 BAYSHORE BLVD., #5 TAMPA FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

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 FRED DAVID WOLF 7-1-02 813-740 2365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #