

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90162 040 ***150.00

DOCUMENT # L00000005724

1. Entity Name
24K FINANCIAL, L.L.C.

Principal Place of Business

**3635 BONITA BEACH RD., STE #4
 BONITA SPRINGS FL**

Mailing Address

**3635 BONITA BEACH RD., STE #4
 BONITA SPRINGS FL**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

15601 Fiddlesticks Blvd

FT MYERS FL

33912

USA

4. FEI Number **59-3659732**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BONE JR, ROBERT E
 1633 SE 47TH TERRACE
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name **DOUGLAS WALTON**
 Street Address (P.O. Box Number is Not Acceptable) **15601 Fiddlesticks Blvd**
 City **FT MYERS** FL **33912**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **HODSON, TOM**
 STREET ADDRESS **3635 BONITA BEACH RD., STE #4**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **MGR** ☐ Delete
 NAME **WALTON, DOUGLAS**
 STREET ADDRESS **3635 BONITA BEACH RD., STE #4**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
 NAME **SUE WALTON**
 STREET ADDRESS **15601 Fiddlesticks Blvd**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15601 Fiddlesticks Blvd**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

239-770-0702
DL WALTON MGR 4/12/02

CR2E083 (9/01)

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