

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-22-2002 90165 049 ****50.00

DOCUMENT # L00000006240

1. Entity Name

F & P Asset Advisory Services, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2151 W. Hillsboro Blvd.

3. Mailing Address

2151 W. Hillsboro Blvd.

Suite, Apt. #, etc.
Suite 213

Suite, Apt. #, etc.
Suite 213

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-1019478

Applied For

Not Applicable

Zip
33442

Country
U.S.A.

Zip
33442

Country
U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Friedberg, Melvin B.**

Street Address (P.O. Box Number is Not Acceptable)
2151 West Hillsboro Blvd.

Suite 213

City
Deerfield Beach

FL

Zip Code
33442

**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.

SIGNATURE:

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Melvin B. Friedberg
2151 W. Hillsboro Blvd.
Suite 213
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Member
Garry R. Pottruck
2151 W. Hillsboro Blvd.
Suite 213
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

CR2E083B (12/01)