

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

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90041 042 \*\*\*\*\*50.00

**DOCUMENT #** L00000006561

**1. Entity Name**

LYCO FINANCIAL, L.L.C.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

14104 SKYE TERRACE

Suite, Apt. #, etc.

**3. Mailing Address**

14104 SKYE TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

DELRAY BEACH FL

**City & State**

DELRAY BEACH FL

**4. FEI Number**

65-101868

**Applied For**

Not Applicable

**Zip**

33446

**Country**

US

**Zip**

33446

**Country**

US

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

ROBERT L. COLE

**Street Address (P.O. Box Number is Not Acceptable)**

14104 SKYE

**City**

FL

**Zip Code**

**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**

MANAGER  
ROBERT L. COLE

**STREET ADDRESS**

14104 SKYE TERRACE

**CITY-ST-ZIP**

DELRAY BEACH, FL 33446

**TITLE  
NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

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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:** Robert L. Cole ROBERT L. COLE

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

2/18/02

Date

561-498-5654

Daytime Phone #

CR2E083B (12/01)