

2001 UNIFORM BUSINESS REPORT (UBR)

0014051 AF

DOCUMENT # L00000006824

1. Entity Name

POLICY FUNDING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 26 PM 3:05

Principal Place of Business

1128 ROYAL PALM BEACH BOULEVARD, SUITE 475
ROYAL PALM BEACH FL 33411

Mailing Address

1128 ROYAL PALM BEACH BOULEVARD, SUITE 475
ROYAL PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3653-A S. Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address

(Same as block 2)
Suite, Apt. #, etc.

City & State

Bornton Beach, FL

City & State

(See block #2)

4. FEI Number

65-1015061

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME KRONER, BURT
STREET ADDRESS 1128 ROYAL PALM BEACH BOULEVARD, SUITE 475
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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 60B, Florida Statutes.

SIGNATURE:

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

03/23/01

Date

1-800-576-9646

Daytime Phone #

CR2E083 (11/00)