

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90023 039 ****50.00

DOCUMENT # L00000008956

1. Entity Name

EVEREST FINANCIAL GROUP, LLC



Principal Place of Business

Mailing Address

**7540 NW 5TH STREET, SUITE #1
PLANTATION FL 33317**

**7540 NW 5TH STREET, SUITE #1
PLANTATION FL 33317**

2. Principal Place of Business

2480 Eagle Watch Court
Suite, Apt. #, etc.

3. Mailing Address

2480 Eagle Watch Court
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number **65-1024168**

Applied For

Not Applicable

Zip
33327

Country

Zip
33327

Country

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

6. Name and Address of Current Registered Agent

**BOMSER, STEVEN
7540 NW 5TH STREET, SUITE #1
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **Todd Bomser**

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

2480 Eagle Watch Court

City **Weston**

FL

Zip Code
33327

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOMSER, TODD
2480 EAGLE WATCH CT
WESTON FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOMSER, STEVEN
7540 NW 5TH ST
PLANTATION FL 33317** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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: **X**

STODDARD, BOB

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

3-22-03

Date

954 384 7410

Daytime Phone #

CR2E083 (10/02)