

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 018 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000010501

1. Entity Name
L.G.E. FINANCIAL, L.L.C.



Principal Place of Business
18001 COLLINS AVENUE
31ST FLOOR
SUNNY ISLES BEACH, FL 33160 US

Mailing Address
18001 COLLINS AVENUE
31ST FLOOR
SUNNY ISLES BEACH, FL 33160 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
30-0078126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIR.
SUITE 601
CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DEZER, GIL
18101 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SALMON, LESUE
89 FIFTH AVENUE, 11TH FLOOR
NEW YORK, NY 10003

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DEZOTZOV, GUTCE
89 FIFTH AVENUE, 11TH FLOOR
NEW YORK, NY 10003

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Gil Dezer

3/21/08