2001 UNIFORM BUSINESS REPORT (UBR)

0015355 AF

DOCUMENT # L00000014253

1. Entity Name
LIMITED PARTNERSHIP CLEARING SERVICES, LLC

FILED
01 JUN 18 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4731 W ATLANTIC AVE STE B-8 DELRAY BEACH FL 33445	4731 W ATLANTIC AVE STE B-8 DELRAY BEACH FL 33445

2. Principal Place of Business	3. Mailing Address
4545 N Barwick Ranch Cir	4545 N. Barwick Ranch Cir
Suite, Apt. #, etc: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33445 Country: Palm Beach	Zip: 33445 Country: Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARIAN, CHRIS
4731 W ATLANTIC AVE STE B-8
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name: Chris Sarian
Street Address (P.O. Box Number is Not Acceptable): 4545 N. Barwick Ranch Cir
City: Delray Beach **FL** Zip Code: 33445

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 Chris Sarian [signature] 6-15-01
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Chris Sarian 4545 N. Barwick Ranch Circle Delray Beach, FL 33445 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004437987--6 -06/22/01--01093--016 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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] SIGNATURE REQUIRED 5-1-01 561-498-8986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #