

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90035 009 ****50.00

DOCUMENT # L01000000839

1. Entity Name

DEIGHTON FINANCIAL SERVICES, LLC



Principal Place of Business

**1908 N. BRINK AVE.
SARASOTA FL 34236**

Mailing Address

**1908 N. BRINK AVE.
SARASOTA FL 34236**

2. Principal Place of Business

1908 N. Brink Ave.

3. Mailing Address

1908 N. Brink Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, FL.

City & State
Sarasota, FL.

4. FEI Number **65-1069402**

Applied For
☐ Not Applicable

Zip
34234

Country
USA

Zip
34234

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEIGHTON, ROBERT III
1908 N. BRINK AVE.
SARASOTA FL 34236**

Name
Deighton, Robert III

Street Address (P.O. Box Number is Not Acceptable)
1908 N. Brink Ave.

City
Sarasota

FL

Zip Code
34234

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: *Robert Deighton III* **Robert Deighton III** **1-27-03**
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

10. ADDITIONS (CHANGES)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEIGHTON, ROBERT III
1908 N. BRINK AVE.
SARASOTA FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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: *Robert Deighton III* **Robert Deighton III** **1-27-03**

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

Date

Daytime Phone #

CR2E083 (10/02)