

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90023 041 ****50.00

DOCUMENT # L01000006132

1. Entity Name

GULFSTREAM FINANCIAL GROUP, LLC



Principal Place of Business

**784 US HWY ONE
24
NORTH PALM BEACH FL 33408**

Mailing Address

**784 US HWY ONE
24
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

**784 US Hwy one
Suite, Apt. #, etc.
6**

3. Mailing Address

**784 US Hwy one
Suite, Apt. #, etc.
6**

City & State
North Palm Beach FL

Zip
33408

Country
USA

City & State
North Palm Beach, FL

Zip
33408

Country
USA

4. FEI Number **65-1097423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NETTLES, LISA B
784 US HWY ONE
24
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **Valarie F. Nichols**

Street Address (P.O. Box Number is Not Acceptable)
784 US Hwy one #6

City **North Palm Beach** FL Zip Code **33408**

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
**MGR
NICHOLS, VALARIE
784 US HWY ONE STE 24
NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NETTLES, LISA
733 JACANA WAY
NORTH PALM BEACH FL 33408** ☒ 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
**784 US Hwy one #6
North Palm Beach, FL 33408** ☒ 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: **Valarie F. Nichols** **1/8/03** **561-630-4305**

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

Date

Daytime Phone #

CR2E083 (10/02)