

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90232 006 ****50.00

DOCUMENT # L01000018554

1. Entity Name

OneBigTent Financial Services, LLC

DO NOT WRITE IN THIS SPACE

966095

2. Principal Place of Business

33 West Delaware Place

Suite, Apt. #, etc.

Suite 25C

City & State

Chicago, Illinois

Zip

60610

Country

U.S.A.

3. Mailing Address

33 West Delaware Place

Suite, Apt. #, etc.

Suite 25C

City & State

Chicago, Illinois

Zip

60610

Country

U.S.A.

4. FEI Number

26-0013546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Aquilino Saint Malo

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

7230 N.W. 109th Court

City

Miami

FL

Zip Code

33178

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
OneBigTent Enterprises, Inc.
33 West Delaware Place, Suite 25C
Chicago, Illinois 60610

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

Date

Daytime Phone #

CR2E083B (12/01)