

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:06

DOCUMENT # L01000019860

1. Entity Name  
WEALTHCARE FINANCIAL SERVICES, L.L.C.



Principal Place of Business  
1031 W. MORSE BLVD., SUITE 200  
WINTER PARK, FL 32789

Mailing Address  
1031 W. MORSE BLVD., SUITE 200  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**



07062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3753777

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EDDY, CARSON L C.P.A.  
1031 W. MORSE BLVD., SUITE 200  
WINTER PARK, FL 32789

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IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME EDDY, CARSON L C.P.A.  
STREET ADDRESS 1031 W. MORSE BLVD., SUITE 200  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGR  
NAME INCINELLI, VICTOR J C.P.A.  
STREET ADDRESS 1031 W. MORSE BLVD., SUITE 200  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE MGR  
NAME HARP, HARRY E C.P.A.  
STREET ADDRESS 1031 W. MORSE BLVD., SUITE 200  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200079716722  
09/12/06--01031--015 \*\*100.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

7/6/06 (407) 644-7455  
Date Daytime Phone #