

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-16-2004 90419 043 105.00
L02000001368

FILED

04 JUL 30 PM 3:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



MOORE CR2E083 (11/03)

7/30

DOCUMENT # L02000001368

1. Entity Name
SENIOR COMFORT FINANCIAL ADVISORS L.L.C.



Principal Place of Business
**3050 KEVLYN COURT
SAFETY HARBOR FL 34695**

Mailing Address
**3050 KEVLYN COURT
SAFETY HARBOR FL 34695**

2. Principal Place of Business **28471**
US 19 NORTH
Suite, Apt. #, etc.
SUITE 506
City & State
CLARKWATER FL

3. Mailing Address
1053 ROLLINS OAKS AVE
Suite, Apt. #, etc.
City & State
TARPON SPRINGS FL
Zip
33761 Country
PINELLIS

4. FEI Number
30-0030165

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LOUIS PAVLICK, DOUGLAS
3050 KEVLYN COURT
SAFETY HARBOR FL 34695
1053 ROLLINS OAKS AVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]* DATE **7/12/04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE PRES	<input type="checkbox"/> Delete
NAME DOUGLAS L. PAVLICK	
STREET ADDRESS 1053 ROLLINS OAKS AVE	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

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]* **DOUGLAS L. PAVLICK** DATE **7/12/04** (727) 422-2844