

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000001368

FILED
Mar 01, 2007
Secretary of State

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

Current Principal Place of Business:

1053 ROLLING OAKS AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1053 ROLLING OAKS AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 30-0030165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS PAVLICK, DOUGLAS
1053 ROLLING OAKS AVE.
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAVLICK, DOUGLAS L
Address: 1053 ROLLING OAKS AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: PAVLICK, RICHARD
Address: 901 CENTERWOOD DR
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS L PAVLICK

MGR

03/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date