

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90026 015 \*\*\*\*50.00

**DOCUMENT # L02000004893**

1. Entity Name

**EJREYNOLDS FINANCIAL SERVICES, L.L.C.**



Principal Place of Business

**9050 PINES BLVD., SUITE 425  
PEMBROKE PINES FL 33024**

Mailing Address

**9050 PINES BLVD., SUITE 425  
PEMBROKE PINES FL 33024**

00010000

2. Principal Place of Business

**9050 PINES BOULEVARD**

Suite, Apt. #, etc.

**SUITE 310**

City & State

**PEMBROKE PINES, FLORIDA**

Zip

**33024**

Country

**BROWARD**

3. Mailing Address

**9050 PINES BOULEVARD**

Suite, Apt. #, etc.

**SUITE 310**

City & State

**PEMBROKE PINES, FLORIDA**

Zip

**33024**

Country

**BROWARD**

4. FEI Number

**03-0407832**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ABEL, LARRY S  
1920 EAST HALLANDALE BEACH BLVD., STE 803  
ABEL & HALLERAN  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

**MANNY FIGUEROA, CPA**

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

**308 ALHAMBRA CIRCLE**

City

**CORAL GABLES, FL**

FL

Zip Code

**33134**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER  
KEVIN P. REYNOLDS  
9050 PINES BLVD, STE 310  
PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**3/4/2003 954 322-1535**

CR2E083 (10/02)