

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005084

1. Entity Name
FIRST CASH RESERVE, LLC



FILED

03 JUN 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
621 NW 53RD ST
240
BOCA RATON, FL 33487

Mailing Address
621 NW 53RD ST
240
BOCA RATON, FL 33487

2. Principal Place of Business

225 N.E. Mizner Blvd.

3. Mailing Address

225 N.E. Mizner Blvd.



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Boca Raton FL

City & State

Boca Raton, FL

4. FEI Number

05-0525567

Applied For

Not Applicable

Zip

33432

Country

Palm Beach

Zip

33432

Country

Palm Beach

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGDANOFF, ROBERT J
2255 GLADES RD
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Bogdanoff, Robert J.
225 N.E. Mizner Blvd., Suite 300

City

Boca Raton

FL

Zip Code

33432

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 obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering)

DATE

Robert J. Bogdanoff
8 June, 2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME OESTERLUND, ROBERT S
STREET ADDRESS 921 BOCCOLA DR #7
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 225 N.E. Mizner Blvd, Suite 300
CITY-ST-ZIP Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 506, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Robert S. Oesterlund, Mgr. June 8, 2003 561-417-9415

CR2E083 (10/02)