LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 25 AM 9:58

DOCUMENT # L02000005474

1. Entity Name
Franklin National Financial Management, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 E. Palmetto Park Rd
Suite, Apt. #, etc.
Suite 750
City & State
Boca Raton, FL
Zip 33432 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3626105 | Applied For | Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name Neil Baritz, Esq.
Street Address (P.O. Box Number is Not Acceptable) 150 E Palmetto Park Rd Suite 750
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 obligations of registered agent.

000021139910
06/25/03--01090--002 **50.00

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager	TITLE	
NAME	Christine Golden	NAME	
STREET ADDRESS	150 E Palmetto Park Rd, #750	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33432	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Christine Golden 6/23/03 (561)558-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #