

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90040 003 ****50.00

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DOCUMENT # L02000010067

1. Entity Name

FONTAINE FINANCIAL NETWORK, LLC



Principal Place of Business

**1050 S. FEDERAL HIGHWAY
SUITE 145
DELRAY BEACH FL 33483
US**

Mailing Address

**1050 S. FEDERAL HIGHWAY
SUITE 145
DELRAY BEACH FL 33483
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0741513

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FONTAINE, DAREN M
220 MACFARLANE DRIVE
#206
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name **FONTAINE, DAREN M.**

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

4955 Pinetree Drive

City

Boynton Beach

FL

Zip Code

33436

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 **Daren M. Fontaine** **Daren M. Fontaine owner** **03/02/03.**
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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **FONTAINE, DAREN M**
CITY-ST-ZIP **220 MACFARLANE DRIVE, #206**
DELRAY BEACH FL 33483

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

TITLE ☐ Delete
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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: **Daren M. Fontaine** **Daren M. Fontaine owner** **03-02-03** **561 921 0549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)