

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012719

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: MYRIAD FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

654 N. PINE AVE.  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

654 N. PINE AVE.  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 01-0725972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOPER, DAVID  
654 N. PINE AVE.  
OVIEDO, FL 32765 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: COOPER, DAVID  
Address: 654 PINE AVENUE  
City-St-Zip: OVIEDO, FL 32765

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

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: COOPER, DAUN  
Address: 654 N PINE AVE  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID COOPER

MGR

04/24/2005

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