

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90036 029 ***150.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000013071 1. Entity Name BIVENS FINANCIAL SERVICES, LLC.	
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Principal Place of Business 2816 EDISON AVE 435 CIRCLE ROAD JACKSONVILLE, FL 32254 Suite 412 32218	Mailing Address PO BOX 250146 HOLLY HILL, FL 32125
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04272008 No Chg-LLC

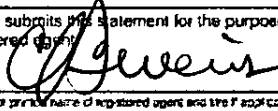
CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1536348	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE STE B-1 PORT ORANGE, FL 32127

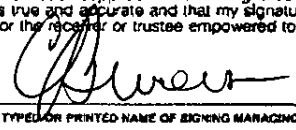
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 4/28/06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when transferring)	

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIVENS, CLARENCE W 1352 CONTINENTAL DR DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 recorder or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.	
SIGNATURE: 	DATE: 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	