

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/28

FILED
Aug 11, 2003 8:00 am
Secretary of State

07-28-2003 90066 019 ****50.00

DOCUMENT # L02000015225

1. Entity Name

HOSPITALITY FINANCIAL SERVICES L.L.C.



Principal Place of Business

1140 S.W. 19TH ST.
BOCA RATON FL 33486-6712

Mailing Address

1140 S.W. 19TH ST.
BOCA RATON FL 33486-6712

55053952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1150028

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ERNST, JOHN W
1140 S.W. 19TH ST.
BOCA RATON FL 33486-6712

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

PRESIDENT
JOHN W. ERNST
1140 S.W. 19TH ST.
BOCA RATON FL 33486-6712

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

ONLY 11 EMPLOYEES
NO CHANGES - JOHN W. ERNST

☐ Change

☐ Addition

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STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE REQUIRED 8/3/03

561.715.6905

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

Date

Daytime Phone #

CR2E083 (4/03)