

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90083 021 ****50.00

0075675

DOCUMENT # L02000017878

1. Entity Name

CAPITAL RESOURCES FINANCIAL GROUP, LLC



Principal Place of Business

**4476 U.S. 129
LIVE OAK FL 32060**

Mailing Address

**4476 U.S. 129
LIVE OAK FL 32060**

2. Principal Place of Business

124 E. HOWARD STREET

Suite, Apt. #, etc.

3. Mailing Address

124 E. HOWARD STREET

Suite, Apt. #, etc.

City & State

LIVE OAK, FL

City & State

LIVE OAK, FL

Zip

32064

Country

USA

Zip

32064

Country

USA

4. FEI Number

01-0737775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

10106512



6. Name and Address of Current Registered Agent

**BAKER, J.S. SR
4476 U.S. 129
LIVE OAK FL 32060**

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 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

TITLE NAME ☐ Delete
MGR MUSIC, DENNIS E
STREET ADDRESS **18323 COUNTY ROAD 250**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE NAME ☐ Delete
MGR BAKER, J.S. SR
STREET ADDRESS **4476 U.S. 129**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED

5/27/03

386-330-2734

CR2E083 (10/02)