

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90194 032 ****50.00

DOCUMENT # L02000024702

1. Entity Name
EMAX FINANCIAL GROUP, LLC



Principal Place of Business
6 KING STREET
ST. CROIX
U.S. VIRGIN ISLANDS, 00820

Mailing Address
213 COURT ST
11TH FLOOR
MIDDLETOWN, CT 06457

2. Principal Place of Business
1123 King Street

3. Mailing Address
PO Box 224600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Christiansted, St. Croix, USVI

4. FEI Number
66-0617195

Applied For
Not Applicable

Zip Country

Zip Country
00822 St. Croix

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HEFFERNAN, MITCHELL L ☐ Delete
STREET ADDRESS 95 COVE ROAD
CITY-ST-ZIP LYME, CT 06371

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Heffernan, Mitchell L. ☒ Change ☐ Addition
STREET ADDRESS 22 North Slob
CITY-ST-ZIP St. Croix, USVI 00820

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

23 Feb 2004

Date

(866) 719-4600

Daytime Phone #