

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90053 024 \*\*\*\*50.00

**DOCUMENT # L02000024702**

1. Entity Name

**EMAX FINANCIAL GROUP, LLC**



Principal Place of Business

**36A-37 DRONNIGENS GADE. 2ND FLOOR  
CHARLOTTE AMALIE  
U.S. VIRGIN ISLANDS**

Mailing Address

**36A-37 DRONNIGENS GADE. 2ND FLOOR  
CHARLOTTE AMALIE  
U.S. VIRGIN ISLANDS**

2. Principal Place of Business

3. Mailing Address

**213 Court St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State  
Middletown, CT**

4. FEI Number

**66-0617195**

Applied For

Not Applicable

Zip

Country

Zip

**06457**

Country

**Middlesex**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE FL 32303**

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

10. ADDITIONS/CHANGES

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

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

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

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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

**4 March 2003 (860) 344-5700**

Date Daytime Phone #

CR2E083 (10/02)