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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031811

1. Entity Name
RACHLIN WEALTH MANAGEMENT LLC

Principal Place of Business	Mailing Address
ONE S.E. 3RD AVE. 10TH FLOOR MIAMI, FL 33131	ONE S.E. 3RD AVE. 10TH FLOOR MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
56-2308073	Not Applicable

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

6. Name and Address of Current Registered Agent

POWERS, CPA, MARC K
ONE S.E. 3RD AVE., 10TH FLOOR
MIAMI, FL 33131

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IN THIS SPACE

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

U00000101875
04/02/04-80031-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RACHLIN COHEN & HOLTZ LLP
STREET ADDRESS	ONE S.E. 3RD AVE., 10TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131

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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.

MARC K. POWERS, ADMINISTRATIVE DIRECTOR

SIGNATURE Marc K Powers   3/19/2004   305-377-4228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #