

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90044 007 ****50.00

DOCUMENT # L03000003936

1. Entity Name
LIQUIDITY ASSET GROUP, LLC



Principal Place of Business
6400 N. ANDREWS AVENUE, SUITE #320
FORT LAUDERDALE, FL 33309

Mailing Address
6400 N. ANDREWS AVENUE, SUITE #320
FORT LAUDERDALE, FL 33309

20016194



2. Principal Place of Business

1975 E. SUNRISE BLVD

3. Mailing Address

1975 E. SUNRISE BLVD

Suite, Apt. #, etc.

SUITE 603

Suite, Apt. #, etc.

SUITE 603

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

02012005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

02-0647831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, DAVID R.
ONE EAST BROWARD BLVD. STE 700
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

LAWRENCE DAVID R.

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

1975 E. SUNRISE BLVD, STE. 603

City

FT. LAUDERDALE FL

Zip Code

33304

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

David R. Lawrence

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

(NOTE: Registered Agent signature required when reinstating)

1-31-05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CONSENTINO, PETER
STREET ADDRESS 13622 PINECREST DRIVE
CITY-ST-ZIP LARGO, FL 33774

10. ADDITIONS/CHANGES

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

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TITLE ☐ Change ☐ Addition
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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:

Peter Cosentino

2/24/05

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

Date

Daytime Phone #

PETER COSENTINO, MANAGING MEMBER