

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # L03000013362

1. Entity Name
CAPITAL FIRST FINANCIAL SERVICES, LLC



Principal Place of Business
**C/O LARRY SCHWARTZ
6261 NW 6TH WAY, STE. 203
FT LAUDERDALE, FL 33309**

Mailing Address
**C/O LARRY SCHWARTZ
6261 NW 6TH WAY, STE. 203
FT LAUDERDALE, FL 33309**



04222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0070297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, LARRY
6261 NW 6TH WAY
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
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 reappointing)

DATE _____

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

U000000350523

04/25/05-00161-021 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWARTZ, LARRY 6261 NW 6TH WAY, STE. 203 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOSHAY, MICHAEL 1525 NW 167TH ST., #200 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRANTZ, MICHAEL J 1374 CYPRESS WAY BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANK, LEON 32463 S. RIVER RD. HARRISON TOWNSHIP, MI 48045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHWARTZ, LINDA M 7446 PEPPER CREEK W. BLOOMFIELD, MI 48233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARHAT, DEBORAH 1525 NW 167TH ST #200 MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

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: *Larry Schwartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/05 *6541*
539-5626