FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90049 047 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017435

1. Entity Name
ADVANCE FINANCIAL SERVICES, LLC

34005929

Principal Place of Business	Mailing Address
PO BOX 14670 BRADENTON, FL 34280	PO BOX 14670 BRADENTON, FL 34280

04082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
410 43rd St. W.	P.O. Box 14148
Suite, Apt. #, etc.: Suite N	Suite, Apt. #, etc.
City & State: Bradenton, FL	City & State: Bradenton FL
Zip: 34209 Country:	Zip: 34280-4148 Country:

4. FEI Number: 90-0080120 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WICKMAN & WYCKOFF, PA 4909 MANATEE AVE. WEST BRADENTON, FL 34209	Name: Cagnina, John B Street Address (P.O. Box Number is Not Acceptable): 410 43rd St W Ste N City: Bradenton FL Zip Code: 34209

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] John B. Cagnina 4-16-04
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAGNINA, JOHN B 1771 MANATEE AVE. WEST BRADENTON, FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Cagnina, John B 410 43rd St. W. Ste N Bradenton, FL 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] John B Cagnina 4-16-04 941-228-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #