

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90558 018 ****50.00

DOCUMENT # L03000017853

1. Entity Name
CORNER STONE ADVISORY SERVICES, LLC



Principal Place of Business
**4123 PINE ISLAND RD
FORT LAUDERDALE, FL 33351**

Mailing Address
**4123 PINE ISLAND RD
FORT LAUDERDALE, FL 33351**

2. Principal Place of Business
1870 N.W. 106 Jell

3. Mailing Address
1844 N. Nob Hill Rd

Suite, Apt. #, etc.
623

City & State
Plantation, FL

City & State
Plantation FL

Zip
33322

Country
Broward

Zip
33322

Country
Broward

03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
61-1450056

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FAIRMAN, CHARLES
4123 PINE ISLAND RD
FORT LAUDERDALE, FL 33351**

7. Name and Address of New Registered Agent

Name **Charles Fairman**

Street Address (P.O. Box Number is Not Acceptable)
1844 N. Nob Hill Rd # 623

City **Plantation** State **FL** Zip Code **33322**

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 **Charles Fairman** **CHARLES FAIRMAN** **03/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES FAIRMAN 1870 N.W. 106 Jell Plantation, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles Fairman** **CHARLES FAIRMAN** **03/25/04 954-572-4144**

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