

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L03000018043

1. Entity Name
ADVANCED CAPITAL RESOURCES, LLC



Principal Place of Business
**2200 CR 210 WEST
SUITE 108, BOX 318
JACKSONVILLE, FL 32259**

Mailing Address
**2200 CR 210 WEST
SUITE 108, BOX 318
JACKSONVILLE, FL 32259**



04252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1950751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATHEWS, MONTY J
2133 WEST QUAY ROAD
ST. AUGUSTINE, FL 32092**

**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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000781333
05/25/07-80050-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **MATHEWS, MONTY J**
STREET ADDRESS **2133 WEST QUAY ROAD**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/07 (904) 318-1811