

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90057 038 ****55.00

DOCUMENT # L03000018738

1. Entity Name
FINANCIAL OCEAN SERVICES, LLC.



Principal Place of Business
**19495 BISCAYNE BLVD
#501
AVENTURA, FL 33180 US**

Mailing Address
**19495 BISCAYNE BLVD
#501
AVENTURA, FL 33180 US**

2. Principal Place of Business - No P.O. Box #
401 E Las Olas Blvd

3. Mailing Address
401 E Las Olas Blvd

Suite, Apt. #, etc.
1180

Suite, Apt. #, etc.
1180

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale, FL

Zip
33301

Country
U.S.A.

Zip
33301

Country
U.S.A.



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2097007

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**REALTY ADVICE, LLC
19495 BISCAYNE BLVD
#501
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **FRANK L DIAZ P.A.**

Street Address (P.O. Box Number is Not Acceptable)
3400 CORAL WAY, 6th FL

City **MIAMI** FL Zip Code **33145**

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 **Frank Diaz** (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALTY ADVICE, LLC 19495 BISCAYNE BLVD AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Realty Advice 401 E Las Olas Blvd, # 1180 Ft Lauderdale FL 33301 <input checked="" 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 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

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