

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000024123

1. Entity Name

LAUREN FINANCIAL SERVICES, LLC



FILED

2004 MAR 31 P 10:46



MOORE CR2E083 (11/03)

Principal Place of Business
7165 SOUTH SUNCOAST BLVD.
HOMOSASSA FL 34446

Mailing Address
7165 SOUTH SUNCOAST BLVD.
HOMOSASSA FL 34446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4256403

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Christopher P. Nielsen

Street Address (P.O. Box Number is Not Acceptable)

7165 S. Suncoast Blvd.

City Homosassa

FL

Zip Code

34446

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

Christopher P. Nielsen

Christopher P. Nielsen

3/23/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME NIELSEN, CHRISTOPHER P
STREET ADDRESS 7165 SOUTH SUNCOAST BLVD.
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

TITLE ST
NAME NIELSEN, CHRISTOPHER P
STREET ADDRESS 7165 SOUTH SUNCOAST BLVD.
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800031546578
03/31/04--01017--010 **400.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Christopher P. Nielsen

Christopher P. Nielsen

3/23/04

352-
621-9181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #