


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000024123</b>		
1. Entity Name <b>LAUREN FINANCIAL SERVICES, LLC</b>		
Principal Place of Business <b>7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446</b>		Mailing Address <b>7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NIELSEN, CHRISTOPHER P 7165 S. SUNCOAST BLVD HOMOSASSA, FL 34446</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSEN, CHRISTOPHER P 7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446	<b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>Christopher Nielsen</i> <b>Christopher Nielsen</b>		1/13/05 352-621-9181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**13-4256403**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required