2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000024123

1. Entity Name

LAUREN FINANCIAL SERVICES, LLC

FILED Apr 18, 2007 08:00 Al Secretary of State

Principal Place of Business

Malling Address

7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446

7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4256403

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title 4 applicable.

NIELSEN, CHRISTOPHER P 7165 S. SUNCOAST BLVD HOMOSASSA, FL 34446

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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.
Sic	GNATURE

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSEN, CHRISTOPHER P 7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NIELSEN, CHRISTOPHER P 7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

IN THIS SPACE

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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:

Christopher Nielsen