2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024123

1 Entity Name

LAUREN FINANCIAL SERVICES, LLC



FILED Feb 06, 2008 08:00 AM Secretary of State

Principal Place of Business

7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446 Mailing Address

7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446



01172008No Chg-LLC

CR2E083 (12/07)

352-621-9181

Daytime Phone #

2/4/08

4. FEI Number		Applied For
13-4256403	 i	Not Applicable
5. Certificate of Status Desired		0 Additional

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

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

SIGNATURE:

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	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSEN, CHRISTOPHER P 7165 SOUTH SUNCOAST BLVD. HOMOSASSA, FL 34446		U00000817694 02/15/08-80013-006 138.75	
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		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			
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 required or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

Christopher P

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