

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047713

FILED
Jun 01, 2004
Secretary of State

Entity Name: FOR THE PEOPLE LENDING SERVICES, LLC.

Current Principal Place of Business:

2114 BLACK MANGROVE DR.
ORLANDO, FL 32828 US

New Principal Place of Business:

4215 YEATS ST
ORLANDO, FL 32828 US

Current Mailing Address:

2114 BLACK MANGROVE DR.
ORLANDO, FL 32828 US

New Mailing Address:

4215 YEATS ST
ORLANDO, FL 32828 US

FEI Number: 20-0423165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONILLA, YESENIA A
2114 BLACK MANGROVE DR
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

RIVERA, YESENIA A
4215 YEATS ST
ORLANDO, FL 32828 US

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.

SIGNATURE: YESENIA A RIVERA

06/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BONILLA, YESENIA A
Address: 2114 BLACK MANGROVE DR
City-St-Zip: ORLANDO, FL 32828 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIVERA, YESENIA A
Address: 4215 YEATS ST
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Change (X) Addition
Name: RIVERA, ANTON D
Address: 4215 YEATS ST
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: YESENIA A RIVERA

MGRM

06/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date