

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90064 018 ***143.75

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1. Entity Name
E&A FINANCIAL SERVICES, L.C.



Principal Place of Business
**5211 INTERNATIONAL DRIVE
C/O ESTEIN & ASSOCIATES USA, LTD.
ORLANDO, FL 32819**

Mailing Address
**5211 INTERNATIONAL DRIVE
C/O ESTEIN & ASSOCIATES USA, LTD.
ORLANDO, FL 32819**

00000154



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

c/o Estein & Associates USA Ltd. c/o Estein & Associates USA Ltd.
4705 S. Apopka Vineland Road 4705 S. Apopka Vineland Road
Suite 201 Suite 201
Orlando, Fla. 32819 USA Orlando, Fla. 32819 USA

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-0473804** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
C/O ESTEIN & ASSOCIATES USA, LTD.
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name
Estein, Lothar
c/o Estein & Associates
4705 S. Apopka Vineland Rd.
Suite 201
Orlando, Fla. 32819 FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **ESTEIN, LOTHAR**
STREET ADDRESS **5211 INTERNATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

MGRM ☒ Change ☐ Addition
NAME **ESTEIN, LOTHAR**
STREET ADDRESS **4705 S. Apopka Vineland Rd, Suite 201**
CITY-ST-ZIP **Orlando, Fla. 32819**

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

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

TITLE ☐ Change ☐ Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

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

2/12/08

Date

(407) 909-2200

Daytime Phone #