2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# L03000055465

Entity Name: TERMPROVIDER FINANCIAL SERVICES, LLC

Current Principal Place of Business:

348 SW MIRACLE STRIP PARKWAY, SUITE 39
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

348 SW MIRACLE STRIP PARKWAY
SUITE 39
FT. WALTON BEACH, FL 32548

Current Mailing Address:

348 SW MIRACLE STRIP PARKWAY, SUITE 39
FT. WALTON BEACH, FL 32548

New Mailing Address:

348 SW MIRACLE STRIP PARKWAY
SUITE 39
FT. WALTON BEACH, FL 32548

FEI Number: 20-0523207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITELL, LISA Y
4 ELEVENTH AVENUE, SUITE ONE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: PAULZAK, GARY M
Address: 348 SW MIRACLE STRIP PARKWAY, SUITE 39
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY M. PAULZAK MGR 03/08/2005

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