

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055465

FILED  
Apr 07, 2011  
Secretary of State

**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
4400 E. HIGHWAY 20  
SUITE 202  
NICEVILLE, FL 32580 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/MANAGERS:**

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

Title: MGR  
Name: PAULZAK, MARIE-JOSEE A MGR  
Address: 348 SW MIRACLE STRIP PARKWAY, SUITE 39  
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby 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 PAULZAK

MM

04/07/2011

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