2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Aug 26, 2005 8:00 am Secretary of State DOCUMENT # L04000038654 1. Entity Name 08-26-2005 90086 028 ****55.00 GLOBAL FINANCIAL NETWORK, LLC Principal Place of Business Mailing Address 6000 OKEECHOBEE BLVD PO BOX 17973 WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33416 OBAL FINANCIAL NETWORK LLC 230 FORESL Suite, Apt. #, etc 2nd MOORE CR2E083 (5/05) 102 Applied For IELLINGTON FLORIDA Not Applicable \$5.00 Additional প্র 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent NER FLIZABETH GARDNER, ELIZABETH ESQ. 230 ROYAL PALM BEACH BLVD ROYAL PLAZA **ROYAL PALM BEACH FL 33411** 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR FITLE TITLE ☐ Addition ₩ Delete GLOBAL HNANCIALNETWORKLE SUMMERS, ALICIA M NAME ALICIA M SUMMERS STREET ADDRESS PO BOX 17973 STREET ADDRESS 12230 FOREST HILL BLUD SE 1102 WELLINGTON WEST PALM BEACH FL 33416 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE Delete MGR - GLOBAL GINANCIAL MAME NAME NETWORK LLC ALICIAMSUMMERS STREET ADDRESS STREET ADDRESS 12230 FOREST HILL BLUD Sta 1102 WELLING 75 VJ - ZIP CITY-ST-ZIP . D Change IIII F ☐ Addition TOTAL F Defete FLORIDA 33414 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete THTLE ☐ Change ☐ Addition DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as it 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.

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

SIGNATURE:

FILED

ATTACHMENT GLOBAL FINANCIAL NETWORK LLC

Alicia M. Summers		
Financial Consultant	200 CM250	Lake Wellington Professional Centre
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