2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L04000051137

Entity Name: FINANCIAL SERVICES OF PALM COAST LLC

Current Principal Place of Business:

399 PALM COAST PARKWAY
SUITE 4
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

399 PALM COAST PARKWAY
SUITE 4
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 20-1342191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE STE A
HOLLY HILL, FL 32117 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: MGR ( ) Delete
Name: GONSALVES, EDILSON
Address: 12 POTTERS LANE
City-St-Zip: PALM COAST, FL 32164

Title: MGR ( ) Delete
Name: DEAQUINO, WALMIR
Address: 12 POTTERS LANE
City-St-Zip: PALM COAST, FL 32164

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

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: DEAQUINO, WALMIR
Address: 5 POPPY LN
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Change (X) Addition
Name: DE AQUINO, KELLY
Address: 5 POPPY LN
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Change (X) Addition
Name: GONCALVES, SANDY
Address: 12 POTTERS LANE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WALMIR DE AQUINO MGR 01/04/2007

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