

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052573

FILED
Mar 06, 2007
Secretary of State

Entity Name: C.E.A. FINANCIAL SERVICES LLC

Current Principal Place of Business:

3595 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990

New Principal Place of Business:

2421 SW FALCON CIR.
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

3595 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990

New Mailing Address:

2421 SW FALCON CIR.
PORT SAINT LUCIE, FL 34953

FEI Number: 34-2004902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANGO, CLARA E
3595 SW SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

DIAZ, NELSON A
2421 SW FALCON CIR
PORT SAINT LUCIE, FL 34953 US

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: DIAZ NELSON A

03/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARANGO, CLARA E
Address: 3595 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARANGO, CLARA E
Address: 2421 SW FALCON CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM () Change (X) Addition
Name: DIAZ, NELSON A
Address: 2421 SW FALCON CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: DIAZ NELSON A

MGRM

03/06/2007

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