

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000059158 1. Entity Name BLATMAN FINANCIAL L.L.C.					
Principal Place of Business 100 VILLAGE SQUARE CROSSING STE. 106 PALM BEACH GARDENS FL 33410			Mailing Address 100 VILLAGE SQUARE CROSSING STE. 106 PALM BEACH GARDENS FL 33410		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 38-3705789				Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLF, BARBARA L ESQ 1340 US HIGHWAY ONE JUPITER COVE PLAZA STE. 102 JUPITER FL 33469			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when translating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLATMAN, BRUCE B 100 VILLAGE SQUARE CROSSING STE. 106 PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000491711 04/19/06-80035-004 50.00	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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: _____