

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082856

1. Entity Name
FINANCIAL MARKETS, LLC



Principal Place of Business

100 S. BISCAYNE BLVD.
SUITE 100
MIAMI, FL 33131 US

Mailing Address

100 S. BISCAYNE BLVD.
SUITE 100
MIAMI, FL 33131 US



02152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2018537

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLO, JEROME
100 S. BISCAYNE BLVD.
SUITE 1100
MIAMI, FL 33131

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HOLLO, TOBOR
STREET ADDRESS 100 S BISCAYNE
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME HOLLO, WAYNE
STREET ADDRESS 100 S BISCAYNE
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME HOLLO, JEROME
STREET ADDRESS 100 S BISCAYNE
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000546803
05/11/06-80129-025 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #