

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90046 047 ****50.00

DOCUMENT # L05000101167					
1. Entity Name ACADEMY OF CERTIFIED FINANCIAL SPECIALISTS LLC					
Principal Place of Business 1119 SHERRINGTON ROAD ORLANDO, FL 32804			Mailing Address 1119 SHERRINGTON ROAD ORLANDO, FL 32804		
2. Principal Place of Business - No P.O. Box # 2429 FORFARSHIRE DR		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Park FL		City & State Winter Park FL		4. FEI Number 20-5420077	
Zip 32792		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANCHE, SUSAN D 1119 SHERRINGTON ROAD ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name: Cheryl P. Blackwell Street Address (P.O. Box Number is Not Acceptable): 2429 FORFARSHIRE DR City: Winter Park FL Zip Code: 32792		
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: <u>Cheryl P. Blackwell</u> DATE: <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRANCHE, SUSAN D 1119 SHERRINGTON ROAD ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKWELL, CHERYL 2429 FORFARSHIRE ROAD WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKWELL, PETER H 2429 FORFARSHIRE ROAD WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
SIGNATURE: <u>Cheryl P. Blackwell</u> <u>Cheryl P. Blackwell</u> <u>4/27/07</u> <u>407-645-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 2025</small>					

40088804



04282007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name Cheryl P. Blackwell

Street Address (P.O. Box Number is Not Acceptable)

2429 FORFARSHIRE DR

City Winter Park FL Zip Code 32792

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SIGNATURE: Cheryl P. Blackwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/07
DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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MGRM
BRANCHE, SUSAN D
1119 SHERRINGTON ROAD
ORLANDO, FL 32804

☐ Delete

TITLE
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MGRM
BLACKWELL, CHERYL
2429 FORFARSHIRE ROAD
WINTER PARK, FL 32792

☐ Delete

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SIGNATURE: Cheryl P. Blackwell Cheryl P. Blackwell 4/27/07 407-645-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 2025