

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102370

FILED
Sep 04, 2007
Secretary of State

Entity Name: CAPITAL FINANCIAL SERVICES, LLC

Current Principal Place of Business:

401 NW 1ST AVE.
OCALA, FL 34475

New Principal Place of Business:

2303 NE 29 TERRACE
1602
OCALA, FL 34470

Current Mailing Address:

401 NW 1ST AVE.
OCALA, FL 34475

New Mailing Address:

2303 NE 29 TERRACE
1602
OCALA, FL 34470 US

FEI Number: 20-5784369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GALLINA, NICHOLAS
401 NW 1ST AVE.
OCALA, FL 34475 US

Name and Address of New Registered Agent:

COLE, TIMOTHY M
2303 NE 29 TERRACE
1602
OCALA, FL 34470 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: TIMOTHY M COLE

09/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLE, TIMOTHY M
Address: 1128 NE 31 STREET
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLE, TIMOTHY M
Address: 2303 NE 29 TERRACE
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY M COLE

MGRM

09/04/2007

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