

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113554

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** NEW OUTLOOK FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

1256 SANDSTONE RIDGE CT.  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

1660 SOUTHERN BLVD.  
SUITE A  
WEST PALM BEACH, FL 33406 US

**Current Mailing Address:**

1256 SANDSTONE RIDGE CT.  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

1660 SOUTHERN BLVD.  
SUITE A  
WEST PALM BEACH, FL 33406 US

FEI Number: 41-2259262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SZALA, JASON A  
1256 SANSTONE RIDGE CT.  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

SZALA, JASON A  
1660 SOUTHERN BLVD.  
SUITE A  
WEST PALM BEACH, FL 33406 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: JASON SZALA

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: SZALA, JASON A  
Address: 1256 SANDDTONR RIDGE CT  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SZALA, JASON A  
Address: 1660 SOUTHERN BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406

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: JASON SZALA

MGRM

03/31/2009

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