

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119988

FILED
Feb 05, 2009
Secretary of State

Entity Name: BROWARD FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

2033 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190238
FORT LAUDERDALE, FL 333198

New Mailing Address:

P.O. BOX 190238
FORT LAUDERDALE, FL 33319

FEI Number: 26-1486352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT-SURIN, REGINE
2033 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAINT-SURINE, REGINE
Address: P.O. BOX 190238
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: MGRM (X) Delete
Name: EXAVIER, MAURICE
Address: P.O. BOX 190238
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: MGRM (X) Delete
Name: MAURICE, CARLINE
Address: P.O. BOX 190238
City-St-Zip: FORT LAUDERDALE, FL 33322

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAURICE, EXAVIER
Address: 2033 N UNIVERSITY DR
City-St-Zip: SUNRISE, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAURICE EXAVIER

MGR

02/05/2009

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