

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020175

FILED
Apr 21, 2009
Secretary of State

Entity Name: BUSINESS PLANNING & FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

4807 NW 72 PLACE
COCONUT CREEK, FL 33073

New Principal Place of Business:

4400 W SAMPLE RD
106
COCONUT CREEK, FL 33073

Current Mailing Address:

4807 NW 72 PLACE
COCONUT CREEK, FL 33073

New Mailing Address:

336 DAYLILY DRIVE
LEXINGTON, SC 29072

FEI Number: 26-2066787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WONG, ELLEN R
4807 NW 72 PLACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

WONG, ELLEN R
4400 W SAMPLE RD
106
COCONUT CREEK, FL 33073 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: ELLEN R WONG

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WONG, ELLEN R
Address: 4807 NW 72 PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () Delete
Name: BRAUNER, JULIA
Address: 3775 PEBBLEBROOK COURT
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WONG, ELLEN R
Address: 336 DAYLILY DR
City-St-Zip: LEXINGTON, SC 29072

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: ELLEN R WONG

MGMR

04/21/2009

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