

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000059900

FILED
Mar 05, 2012
Secretary of State

Entity Name: FLAGSHIP FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1500 N.W. 62ND STREET, #206
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1500 N.W. 62ND STREET, #206
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 90-0724148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREMNY, BRIAN ESQUIRE
C/O ATKINSON, DINER, ET AL.
100 S.E. 3RD AVENUE, SUITE 1400
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

CHARLES, JAFFEE PA
7301-A W. PALMETTO PARK RD
SUITE305C
BOCA RATON, FL 33433 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: CHARLES L JAFFEE, PA

03/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HEALY, DEBORAH
Address: 1500 N.W. 62ND STREET, #206
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR
Name: PETERSON, GISELE
Address: 1500 N.W. 62ND STREET, #206
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGR
Name: POSTA, LISA
Address: 1500 N.W. 62ND STREET, #206
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM
Name: CROWE, DEREK A
Address: 1500 N.W. 62ND STREET, #206
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM
Name: KISLIA, JEROME
Address: 1500 N.W. 62ND STREET, #206
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby 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: GISELE PETERSON

MGR

03/05/2012

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