## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L9800003026

1. Entity Name

## WORDEN FINANCIAL SERVICES, LLC



**FILED** Sep 25, 2003 8:00 am Secretary of State 09-25-2003 90040 018 \*\*\*\*50.00

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Mailing Address 16521 SAN CARLOS BOU FORT MYERS FL 33908	LEVARD	· · · · · · · · · · · · · · · · · · ·						
3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES	3	
City & State	City & State			4. FEI Number 65-0890271			Applied For Not Applicable	
Zip	Country		5. Certifica	te of Status Desired		55.00 Ac	Iditional	
nt Registered Agent			7. Name at	nd Address of New R	egistered A	gent		
City & State  Zip  Country  Zip  6. Name and Address of Current Registered Agent  MCMICHAEL, KEVIN 16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908  6. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.  Signature  Signature, typed or printed name of registered agent and title if applicable.  NOTE:  FILE NO  Make Check Payable Due By  MCMICHAEL, KEVIN J  16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908		Name Street Address	(PO Box Num	her is Not Acceptable	· ;			
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•		· City			FL	Zip Co	de	
for the purpose of changing i	ts registere	ed office or regist	ered agent, or b	oth, in the State of Flo	rida. I am fa	miliar with	, and accept	
ent and title if applicable. (NC	TE: Registere	d Agent signature requi	red when reinstating)		DATE		_	
Make Check Paya	ble to Flo	orida Departm						
BERS/MANAGERS	10.			ADDITIONS/	CHANGES			
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	16521 SAN CARLOS BOU FORT MYERS FL 33908  3. Mailing Address Suite, Apt. #, etc. City & State Zip  nt Registered Agent ent and title if applicable. (NC Make Check Payal Due B BERS/MANAGERS Delete  ARD  Delete  Delete  Delete	Mailing Address  16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Coun  TRegistered Agent  FILE NOW!!! F Make Check Payable to Fic Due By Septer  BERS/MANAGERS 10.  Delete TITLE NAM  STRE CITY  Delete TITLE NAM  TITLE NAM	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country  Int Registered Agent Name Street Address  City  If or the purpose of changing its registered office or regist  Interpolation of the purpose of changing its registered Agent signature required to the interpolation of the purpose of changing its registered Agent signature required to the interpolation of the purpose of changing its registered Agent signature required to the interpolation of the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent signature required to the purpose of changing its registered Agent	Mailing Address  16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908  3. Mailing Address  Suite. Apt. #, etc.  City & State  Zip  Country  5. Certifica  Name  Street Address (P.O. Box Num  City  File Now!!! FEE Is \$50.00  Make Check Payable to Florida Department of State  Due By September 24, 2003  BERS/MANAGERS  10.  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME	Mailing Address  1652 SAN CARLOS BOULEVARD FORT MYERS FL 33908  3. Mailing Address  Suite, Apt. 4f, etc.   CHECK HERE  City & State   4. FEI Number 65-089027  Zip   Country   5. Certificate of Status Desired  Int Registered Agent   7. Name and Address, of New, R  Name   Street Address (P.O. Box Number is Not Acceptable)  City   City   City   City   City   City   City   City    If for the purpose of changing its registered office or registered agent, or both, in the State of Florance of State   City   City    If for the purpose of changing its registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State   Due By September 24, 2003  BERS/MANAGERS   10. ADDITIONS/    Delete   TILE   NAME   STREET ADDRESS   CITY-ST-ZIP     Delete   TILE   NAME   CITY-ST-ZIP     Delete   TILE   NAME   CITY-ST-ZIP   CITY-ST-ZIP     Delete   TILE   NAME   CITY-ST-ZIP   CITY-ST-ZIP     Delete   TILE   NAME   CITY-ST-ZIP   CITY-ST-ZIP	Mailing Address 16521 SAN CARLOS BOULEVARD FORT MYERS FL 33908  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING  City & State   4. FEI Number   65-0890271  Zip   Country   5. Certificate of Status Desired   Fint Marking    Name   Street Address of New, Registered A Name   Street Address of New, Registered A Name    Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE Is \$50.00  Make Check Payable to Florida Department of State Due By September 24, 2003  BERS/MANAGERS   10. ADDITIONS/CHANGES    TITLE   MAME   STREET ADDRESS    CITY-ST-2P   Delete   TITLE    NAME   STREET ADDRESS    CITY-ST-2P   DELETE   TITLE	Mailing Address 1821 SAN CARLOS BOULEVARD FORT MYERS FL 33308  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   4. FEI Number 65-0890271   A  Zip   Country   5. Certificate of Status Desired   \$5.00 Ac Fee Requir  Name   Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Coc  City   FL   Zip Coc  For the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with  Make Check Payable to Florida Department of State  Due By September 24, 2003  BERS/MANAGERS   10.   ADDITIONS/CHANGES   Crity-St-Zip    Delete   TITLE   MAWE   STREET ADDRESS   Crity-St-Zip   Change     STREET ADDRESS   Crity-St-Zip   Change   Change     Make STREET ADDRESS   Crity-St-Zip   Change   Change     Delete   TITLE   MAWE   STREET ADDRESS   Crity-St-Zip   Change     Delete   TITLE   MAWE   STREET ADDRESS   Crity-St-Zip   Change   Change     Delete   TITLE   MAWE   STREET ADDRESS   Crity-St-Zip   Change   Change     Delete   TITLE   MAWE   STREET ADDRESS   Crity-St-Zip   Change   Change   Change     Delete   TITLE   Change   Change	