

2000 UNIFORM BUSINESS REPORT (UBR)

0009457 AF

DOCUMENT # L99000000252

1. Entity Name
DOLPHIN FINANCIAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:35

2/3/27



DO NOT WRITE IN THIS SPACE

Principal Place of Business
244 SHOPPING AVE., #195
SARASOTA FL 32437

Mailing Address
244 SHOPPING AVE., #195
SARASOTA FL 34237-7125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGISON, BRUCE
244 SHOPPING AVE., #195
SARASOTA FL 32437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

2/12/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

MGRM
MARGISON, BRUCE
244 SHOPPING AVE., #195
SARASOTA FL 32437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
9000003196809--3
-04/05/00--01063--020
*****50.00 *****50.00

MGRM
MADONNA, KELLY
244 SHOPPING AVE., #195
SARASOTA FL 32437 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/12/00

Date

941-551-7721

Daytime Phone #

CR2E083 (9/99)