

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000539**

1. Entity Name
LIQUIDITY PLANNING, LLC

Principal Place of Business
**824 US HIGHWAY ONE, STE 200
NORTH PALM BEACH FL 33408**

Mailing Address
**824 US HIGHWAY ONE, STE 200
NORTH PALM BEACH FL 33408-3838**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0900792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SIMOES, RANDALL S TRUSTEE
712 U.S. HIGHWAY ONE, THIRD FLOOR
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **Simoes, Randall S Trustee**
Street Address (P.O. Box Number is Not Acceptable)
824 US Highway One, Third Floor
City **North Palm Beach** FL Zip Code **33408**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE MGR	NAME SIMOES, RANDALL S	<input type="checkbox"/> Delete
STREET ADDRESS 712 U.S. HIGHWAY ONE, THIRD FLOOR		
CITY-ST-ZIP NORTH PALM BEACH FL 33408		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE MGR	NAME Simoes, Randall S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 824 US Highway One, Third Floor			
CITY-ST-ZIP NORTH PALM BEACH, FL 33408			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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*******58.00 *****58.00**

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: **By: [Signature] RANDALL S. SIMOES, manager** Date **4/26/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CREATED (1/99)