

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 8:39

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0900792

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMOE, RANDALL S TRUSTEE
824 US HIGHWAY ONE, THIRD FLOOR
NORTH PALM BEACH FL 33408

Name SIMOE, RANDALL S.

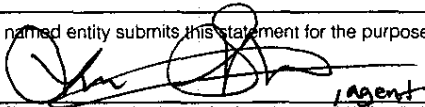
Street Address (P.O. Box Number is Not Acceptable)
824 U.S. HWY ONE, STE. 200

City N. PALM BCH,

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  Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

400004213054--8
-05/11/01--01134--003
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS SIMOE, RANDALL S
CITY-ST-ZIP 824 US HIGHWAY ONE, THIRD FLOOR
NORTH PALM BEACH FL 33408 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:  RANDALL SIMOE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/01

CR2E083 (11/00)

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