

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90002 014 ****50.00

DOCUMENT # L99000003512

1. Entity Name
**FORENSIC ACCOUNTING AND INVESTIGATIVE
SERVICES, LLC**



Principal Place of Business Mailing Address
~~2929 EAST COMMERCIAL BLVD., STE 410~~ ~~2929 EAST COMMERCIAL BLVD., STE 410~~
~~FORT LAUDERDALE, FL 33308~~ ~~FORT LAUDERDALE, FL 33308~~

94007837



2. Principal Place of Business 3. Mailing Address
212 SE 8TH STREET, #101 **212 SE 8TH STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 101

01272004 Chg-LLC CR2E083 (10/03)

City & State City & State
FORT LAUDERDALE, FL **FORT LAUDERDALE, FL**

4. FEI Number Applied For
65-0929257 Not Applicable

Zip Country Zip Country
33316 **33316**

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

CAMERON, CARA E
2929 EAST COMMERCIAL BLVD., STE 410
FT LAUDERDALE, FL 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WESTER, RICHARD
STREET ADDRESS 2929 EAST COMMERCIAL BLVD., STE 600
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE MGRM ☒ Change ☐ Addition
NAME WESTER, RICHARD
STREET ADDRESS 212 SE 8TH STREET, STE 101
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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:

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

Richard Wester
1/26/04

Date

Daytime Phone #