

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003819 1. Entity Name NTS FINANCIAL SERVICES, L.L.C.		
Principal Place of Business 1663 BARCELONA WAY WINTER PARK, FL 32789	Mailing Address 931 N STATE ROAD 434 SUITE 1201-202 ALTAMONTE SPRINGS, FL 32714	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MARTE, SANDRA 1663 BARCELONA WAY WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
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, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTE, SANDRA 931 N STATE ROAD 434, SUITE 1201-202 ALTAMONTE SPRINGS, FL 32714	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>X Sandra Marte</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		<u>1/23/06</u> <u>407-389-73</u> Date Daytime Phone #



01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
52-2189408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

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