

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90342 033 ****50.00

DOCUMENT # L99000004162

1. Entity Name

TURNER FINANCIAL SERVICES, L.L.C.



Principal Place of Business

**19 WEST FLAGLER STREE, SUITE 600
MIAMI FL 33130**

Mailing Address

**19 WEST FLAGLER STREE, SUITE 600
MIAMI FL 33130**

2. Principal Place of Business

ONE S.E. 3RD AVENUE

Suite, Apt. #, etc.

SUITE 1440

City & State

MIAMI, FL

Zip

33131

Country

MIAMI-DADE

3. Mailing Address

ONE S.E. 3RD AVENUE

Suite, Apt. #, etc.

SUITE 1440

City & State

MIAMI, FL

Zip

33131

Country

MIAMI-DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0960896

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, DAVID M
19 WEST FLAGLER STREE, SUITE 600
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

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

ONE S.E. 3RD AVENUE #1440

City

MIAMI

FL

Zip Code

33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ENRIQUEZ, STEPHEN C**
STREET ADDRESS **19 WEST FLAGLER STREE, SUITE 600**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **MGR** ☐ Delete
NAME **PADRON, OSCAR J**
STREET ADDRESS **19 WEST FLAGLER STREE, SUITE 600**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **MGR** ☐ Delete
NAME **TURNER, DAVID M**
STREET ADDRESS **19 WEST FLAGLER STREE, SUITE 600**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **ONE S.E. 3RD AVENUE #1440**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **ONE S.E. 3RD AVENUE #1440**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **ONE S.E. 3RD AVENUE #1440**
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TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
OSCAR J. PADRON

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

1/17/03

Date

(305) 377-0707

Daytime Phone #

CR2E083 (10/02)