

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007224

1. Entity Name
ARCH FINANCIAL GROUP, LLC



Principal Place of Business

**7000 W. PALMETTO PARK ROAD, SUITE 502
BOCA RATON, FL 33433**

Mailing Address

**7000 W. PALMETTO PARK ROAD, SUITE 502
BOCA RATON, FL 33433**



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RITTER, GREGORY J ESQ.
7000 W. PALMETTO PARK ROAD, SUITE 502
BOCA RATON, FL 33433**

**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, 2004**

000000146296

05/03/04-80058-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, TERRI 7000 W. PALMETTO PARK RD., STE. 502 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KESSIER, ROBIN 22948 OLD INLET BRIDGE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALINSKY, EYAL 20749 WATERS EDGE CT. BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]*

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

Date

Daytime Phone #

42804 561-368-511