

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000007784

1. Entity Name
FIRST NLC FINANCIAL SERVICES, LLC



Principal Place of Business

**700 W. HILLSBORO BLVD.
BUILDING 1, SUITE 204
DEERFIELD BEACH, FL 33441**

Mailing Address

**700 W. HILLSBORO BLVD.
BUILDING 1, SUITE 204
DEERFIELD BEACH, FL 33441**



04292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0959970

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENSCHEL, JEFFREY
700 W. HILLSBORO BLVD.
BUILDING 1, SUITE 204
DEERFIELD BEACH, FL 33441**

**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**

**U000000154060
05/04/04-80152-006 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENSCHEL, JEFFREY 700 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENSCHEL, NEAL 700 W. HILLSBORO BLVD., B1 - STE 204 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEDER, MARC 5200 TOWN CENTER CIRCLE, STE 470 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KROUSE, RODGER 5200 TOWN CENTER, STE. 470 BOCA RATON, FL 33486
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

4/29/04 954-246-5050