

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90076 034 ****50.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENSCHEL, JEFFREY 700 W. HILLSBORO BLVD. BUILDING 1, SUITE 204 DEERFIELD BEACH, FL 33441			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TONKEL, J. ROCK 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRIX, RICHARD 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARDEN, MICHAEL 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOWERS, BRIAN 1001 NINETEENTH STREET NORTH ARLINGTON, VA 22209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSCHEL, NEAL S 700 WEST HILLSBORO BLVD., BLDG. 1 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSCHEL, JEFFREY N 700 WEST HILLSBORO BLVD., BLDG. 1 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey M. Henschel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Jeffrey M. Henschel 03/30/06 (800) 950-3314		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

20029141



700 W. Hillsboro Blvd., Bldg. 1, Suite 204
Deerfield Beach, FL 33441
Phone: (954) 420-0060 ext. 1679
Fax: (954) 246-5479

March 31, 2006

VIA FEDERAL EXPRESS (850) 245-6051

State of Florida
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

RE: First NLC Financial Services, LLC
2006 Limited Liability Company Annual Report

Dear Sir or Madam:

Enclosed please find the following items:

➤ Check number 82023 in the amount of \$50.00 and completed document #
L99000007784: 2006 Limited Liability Company Annual Report for First NLC Financial
Services, LLC.

Please feel free to contact me if you have any questions or require additional information.

Very truly yours,
First NLC Financial Services, LLC

A handwritten signature in cursive script that reads "Vickie Hammett".

Vickie Hammett
Licensing Administrator - Legal Department