

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000000503

1. Entity Name  
POPULAR FINANCIAL SERVICES, LLC



Principal Place of Business  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053

Mailing Address  
301 LIPPINCOTT DRIVE  
MARLTON, NJ 08053



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2249245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|                                                  |                                                                          |
|--------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | CCEO<br>WILLIAMS, CAMERON E<br>301 LIPPINCOTT DRIVE<br>MARLTON, NJ 08053 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | SCFO<br>JENKINS, JAMES H<br>301 LIPPINCOTT DRIVE<br>MARLTON, NJ 08053    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MVP<br>FISHER, GREGORY<br>301 LIPPINCOTT DRIVE<br>MARLTON, NJ 08053      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | EVD<br>MARTELLA, JOHN N<br>301 LIPPINCOTT DR.<br>MARLTON, NJ 08053       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                          |

U000000001647  
01/12/04-80018-011 50.00

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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 606, Florida Statutes.

**SIGNATURE:**

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

**CAMERON E. WILLIAMS, MANAGER/CEO. 856-396-2600**

Date

Daytime Phone #