

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90015 004 ****50.00

DOCUMENT # M00000001323

1. Entity Name

**FORT LAUDERDALE BUSINESS AND CURRENCY
SERVICES, LLC**



Principal Place of Business

**100 TERMINAL DRIVE
FORT LAUDERDALE AIRPORT
FORT LAUDERDALE, FL 33063**

Mailing Address

**14804 ENCLAVE LAKES #T-1
DELRAY BEACH, FL 33484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

65-1010175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESTGARD, SALLY
14804 ENCLAVE LAKES #T-1
DELRAY BEACH, FL 33484**

Name

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

City

FL

Zip Code

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PRES
PRESTGARD, SALLY
14804 ENCLAVE LAKES #T-1
DELRAY BEACH, FL 33484**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP/S
KUIKEN, PETER
130 S. FRANKLIN AVE., STE. 100
GARDEN CITY, NY 11530**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
Susan Druckman
1000 Franklin Ave. STE 100
Garden City, NY 11530**

☒ Change ☐ Addition

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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

Sally Prestgard