2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # M0100000737 1. Entity Name 03-25-2002 90165 025 ****55.00 LDG FINANCIAL SERVICES, LLC Principal Place of Business Mailing Address 4553 WINTERS CHAPEL RD 4553 WINTERS CHAPEL RD B0049426 ATLANTA GA 30360 ATLANTA GA 30360 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2407228 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MCRM **MGRM** TITLE ☐ Delete TITLE Addition Carbo, REMOERTO JR NAME CARGO, ROBERTO JR NAME 4553 WINTERS CHAPEL RD #200 STREET ADDRESS 4553 WINTERS CHAPEL RD #200 STREET ADDRESS ATLANTA 9a 30360 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30360 MGEM Change TITLE MGRM ☐ Delete ☐ Addition TITLE Carbo MARSHA 4533 WINTERS CHAPEL RD #200 NAME CARGO, MARSHA NAME STREET ADDRESS STREET ADDRESS 4553 WINTERS CHAPEL RD #200 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30360 **MGRM** Delete TITLE TITLE Change ☐ Addition NAME CERVELLI, ROBERT NAME STREET ADDRESS 4553 WINTERS CHAPEL RD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga 30360 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FLETCHER, DAVID G NAME STREET ADDRESS 4553 WINTERS CHAPEL RD #200 STREET ADDRESS CITY-ST-ZIP CITY ST- 7IP ATLANTA GA 30360 TIT! F □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME NAME

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have 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 or pure each proveded to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is true and limited liability company of the

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RESOURED OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Z-20-0Z 678: ZZ5-1055

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