

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90117 016 ****50.00

DOCUMENT # M03000001971

1. Entity Name

NASH - WESCOTT FINANCIAL, L.L.C.



Principal Place of Business
130 BIRDSEYE ROAD
FARMINGTON CT 06032

Mailing Address
130 BIRDSEYE ROAD
FARMINGTON CT 06032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

38-368-2466

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required



MOORE

CR2E083 (4/04)

6. Name and Address of Current Registered Agent

YORK, JIM
525 NORTHLAKE BLVD.
N. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name DAVID BANNER

Street Address (P.O. Box Number is Not Acceptable)
3450 NORTHLAKE BLVD.

SUITE 110

City PALM BEACH GARDENS FL Zip Code 33403

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

7-29-04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROBINSON, NICHOLAS H
STREET ADDRESS 525 NORTH LAKE BOULEVARD
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3450 NORTHLAKE BLVD. SUITE 110
CITY-ST-ZIP PALM BEACH GARDENS FL 33403 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-26-04 (816) 677-7577