

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90056 001 ****50.00

DOCUMENT # *MA3000003941*

1. Entity Name

CARE FINANCIAL OF TEXAS, LLC



DO NOT WRITE IN THIS SPACE

14025500

2. Principal Place of Business

2040 NORTH HIGHWAY 360

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 536367

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GRAND PRAIRIE, TEXAS

City & State

GRAND PRAIRIE, TEXAS

4. FEI Number

74-3017711

Applied For

Not Applicable

Zip

75050

Country

USA

Zip

75053-5367

Country

USA

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

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER, PRESIDENT & CEO JUDITH H. HENKELS 2040 NORTH HIGHWAY 360 GRAND PRAIRIE, TEXAS 75050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER & TREASURER DINO ELIOPOULOS 2040 NORTH HIGHWAY 360 GRAND PRAIRIE, TEXAS 75050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER, VICE PRESIDENT & SALES ROLAND V. COSTON 2044 NORTH HIGHWAY 360 GRAND PRAIRIE, TEXAS 75050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ELISEO RUIZ III 2040 NORTH HIGHWAY 360 GRAND PRAIRIE, TEXAS 75050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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]*

ELISEO RUIZ III

JUNE 30, 2004

972-353-6500

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

Date

Daytime Phone #

CR2E083B (12/02)