

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 A
Secretary of State

DOCUMENT # M04000003424

1. Entity Name
PHILLIP ROY FINANCIAL SERVICES, LLC



Principal Place of Business
**28463 US HIGHWAY 19 NORTH
SUITE 102
CLEARWATER, FL 33761**

Mailing Address
**28463 US HIGHWAY 19 NORTH
SUITE 102
CLEARWATER, FL 33761**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0575182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
200 S. ORANGE AVE. SUITE 2600
ORLANDO, FL 32801**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WASSERMAN, PHILLIP R
28463 US HWY 19 N STE 102
CLEARWATER, FL 33761**

TITLE
NAME
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CITY - ST - ZIP

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000000775874
01/09/08-80001-009 138.75

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IN THIS SPACE**

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: *Phillip R Wasserman*

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

1/4/08 (227)669-7711

Date

Daytime Phone #