

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 050 ****50.00

DOCUMENT # M04000004084

1. Entity Name
CITIZENS FINANCIAL COMPANY OF AMERICA, L.L.C.



Principal Place of Business
10661 AIRPORT DRIVE, SUITE 15
NAPLES, FL 34109

Mailing Address
10661 AIRPORT DRIVE, SUITE 15
NAPLES, FL 34109



2. Principal Place of Business
9975 Tamiami Trail N.

3. Mailing Address
9975 Tamiami Trail N.

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

City & State
Naples, FL

City & State
Naples, FL

06202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1578700

Applied For
Not Applicable

Zip
34108

Country
USA

Zip
34108

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

DRAPER, STEPHEN R
1036 GRAND ISLE DRIVE
NAPLES, FL 34108

Name
Stephen R. Draper

Street Address (P.O. Box Number is Not Acceptable)
9975 Tamiami Trail N. Suite 2

City
Naples

FL Zip Code
34108

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

Stephen R. Draper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-05

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MURPHY, CHAD	
STREET ADDRESS	10661 AIRPORT DRIVE, SUITE 15	
CITY - ST - ZIP	NAPLES, FL 34109	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DRAPER, STEPHEN R	
STREET ADDRESS	3071 COMMERCE DRIVE	
CITY - ST - ZIP	FORT GRATIOT, MI 48059	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Chad	
STREET ADDRESS	9975 Tamiami Trail N. Ste 2	
CITY - ST - ZIP	Naples, FL 34108	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Draper, Stephen R.	
STREET ADDRESS	9975 Tamiami Trail N. Ste 2	
CITY - ST - ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Stephen R. Draper *Stephen Draper* 6-30-05

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

Date

Daytime Phone #