

M05000001039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

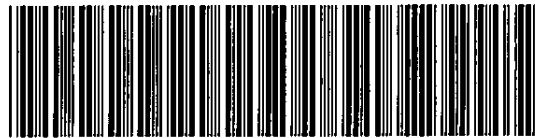
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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M05-1039  
OK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Phoenix Financial Futures, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Jennings

\_\_\_\_\_  
(Name of Person)

Phoenix Financial Futures, LLC

\_\_\_\_\_  
(Firm/Company)

941 Avon Rd

\_\_\_\_\_  
(Address)

West Palm Beach, FL 33401

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Jennings

at ( 561 )

707-8000

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

TNI-1518 (8/05)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA