

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000720

1. Entity Name
PRIORITY ONE FINANCIAL SERVICES, L.L.C.



Principal Place of Business
1129 BLOOMFIELD AVE., STE 214
WEST CALDWELL, NJ 07006

Mailing Address
1129 BLOOMFIELD AVE., STE 214
WEST CALDWELL, NJ 07006



01022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3484761

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMPLIANCE CONSULTING CORPORATION OF FLORI
1013 LUCERNE AVE., STE 201
LAKE WORTH, FL 33460

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U000000932302
05/22/08-80049-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CRAW, RICHARD T
STREET ADDRESS	33 BROOKSIDE TERRACE
CITY-ST-ZIP	NORTH CALDWELL, NJ 07006

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: Richard T. Crow Richard T. Crow April 28, 2008 973-808-0700

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

Date

Daytime Phone #