

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004303

FILED
May 07, 2009
Secretary of State

Entity Name: FINANCIAL CONSULTING SERVICES OF ARIZONA, LLC

Current Principal Place of Business:

1990 W. CAMELBACK ROAD, SUITE 215
PHOENIX, AZ 85015

New Principal Place of Business:

Current Mailing Address:

1990 W. CAMELBACK ROAD, SUITE 215
PHOENIX, AZ 85015

New Mailing Address:

FEI Number: 20-8542538 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: GREGORY BLODIG

05/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LARSON, SHARON
Address: 1990 W. CAMELBACK ROAD, SUITE 215
City-St-Zip: PHOENIX, AZ 85015

Title: MGR () Delete
Name: ANDERSON, JOHN W
Address: 1990 W. CAMELBACK ROAD, SUITE 215
City-St-Zip: PHOENIX, AZ 85015

Title: MGR () Delete
Name: BROWN, GARY K
Address: 1990 W. CAMELBACK ROAD, SUITE 215
City-St-Zip: PHOENIX, AZ 85015

Title: MGR () Delete
Name: BROWN, JOSHUA
Address: 1990 W. CAMELBACK ROAD, SUITE 215
City-St-Zip: PHOENIX, AZ 85015

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON LARSON

M

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date