

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90010 024 \*\*\*\*50.00

**DOCUMENT # M98000000848**

1. Entity Name

**KENWOOD FINANCIAL, LLC**



Principal Place of Business

Mailing Address

**4000 NORTH FEDERAL HIGHWAY, SUITE 204  
BOCA RATON FL 33431**

**4000 NORTH FEDERAL HIGHWAY, SUITE 204  
BOCA RATON FL 33431**

2. Principal Place of Business

**998 South Federal Highway**

3. Mailing Address

**998 South Federal Highway**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33432**

Country

**USA**

Zip

**33432**

Country

**USA**

4. FEI Number

**65-0800748**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
C/O SHUTTS AND BOWEN LLP  
201 S BISCAYNE BLVD STE 1500  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE

**MGR**

**RALES, NORMAN R  
4000 NORTH FEDERAL HIGHWAY, SUITE 204  
BOCA RATON FL 33431**

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Addition

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: *Norman Rales* REQUIRED**

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

**3/7/03 (561) 392-3333**

CR2E083 (10/02)