

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055465

Entity Name: TERMPROVIDER FINANCIAL SERVICES, LLC

Current Principal Place of Business:

348 SW MIRACLE STRIP PARKWAY
SUITE 3A
FT. WALTON BEACH, FL 32548

Current Mailing Address:

348 SW MIRACLE STRIP PARKWAY
SUITE 3A
FT. WALTON BEACH, FL 32548

FEI Number: 20-0523207

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAULZAK, MARIE-JOSEE A
348 SW MIRACLE STRIP PKWAY
SUITE 3A
FORT WALTON BEACH, FL 32548 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: MARIE-JOSEE A PAULZAK

04/08/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PAULZAK, GARY MMGRM
Address 348 SW MIRACLE STRIP PARKWAY,
SUITE 3A
City-State-Zip: FT. WALTON BEACH FL 32548

Title MGR
Name PAULZAK, MARIE-JOSEE AMGR
Address 348 SW MIRACLE STRIP PARKWAY,
SUITE 3A
City-State-Zip: FT. WALTON BEACH FL 32548

Title MEMBER
Name HILL, CHAD
Address 348 SW MIRACLE STRIP PARKWAY
SUITE 3A
City-State-Zip: FT. WALTON BEACH FL 32548

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY PAULZAK

MEMBER

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date