

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000011237

**Entity Name:** INDIAN RIVER FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1365 N. COURTENAY PARKWAY  
SUITE A  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

PO BOX 236666  
COCOA, FL 32923 US

**FEI Number:** 46-1916222

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOVATION CONSULTING SERVICES, INC.  
1365 N. COURTENAY PARKWAY  
SUITE A  
MERRITT ISLAND, FL 32953 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HIPPLE, ROBERT  
Address 1365 N. COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** ROBERT HIPPLE

**MANAGER**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date