	/ILTON KEY M BEACH, FL 33411 US			
FEI Number: APPLIED FOR			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
ALIZA, WILFOF 4021 W HAMIL ROYAL PALM I				
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.				
		stered onice of regis	tered agent, or both, in the State of Fiol	rida.
SIGNATURE	E: WILFORD ALIZA	stered onice of regis	tered agent, or both, in the State of Fiol	rida. 04/30/2024
SIGNATURE	-	stered onice of regis	tered agent, or both, in the State of Fiol	
	E: WILFORD ALIZA		tered agent, or both, in the State of Fiol	04/30/2024
	E: WILFORD ALIZA Electronic Signature of Registered Agent	Title	SECRETARY	04/30/2024
Authorized	WILFORD ALIZA     Electronic Signature of Registered Agent  Person(s) Detail :			04/30/2024
Authorized	WILFORD ALIZA     Electronic Signature of Registered Agent  Person(s) Detail :  MGR	Title	SECRETARY	04/30/2024

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000152486

Entity Name: M.A. FINANCIAL SERVICES LLC

## **Current Principal Place of Business:**

4021 W HAMILTON KY WEST PALM BEACH. FL 33411

## **Current Mailing Address:**

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: WILFORD ALIZA

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 30, 2024 **Secretary of State** 3721990182CC

Date