

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90026 029 ****50.00

DOCUMENT # L02000014763

1. Entity Name

REVERSE LOGISTICS SOLUTIONS, L.L.C.



Principal Place of Business

% SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON FL 33431

Mailing Address

% SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON FL 33431

2. Principal Place of Business

4957 NW 77th Court

3. Mailing Address

4957 NW 77th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33073

Country

Broward

Zip

33073

Country

Broward

4. FEI Number

01-0731123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, SETH E ESQ.
SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON FL 33431

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 **MGRM** ☐ Delete
NAME **SMITH, MICHAEL J**
STREET ADDRESS **4957 NW 77TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

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

Sandra A. Smith
Sandra A. Smith

Date

Daytime Phone #

3-7-03 954-784-2854

CR2E083 (10/02)