2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002379

1. Entity Name
ASSET SOLUTIONS, LLC

FILED
00 JAN 24 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3038-C NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306	3038-C NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33319-4358

2. Principal Place of Business: 1011 West 18th Street
Suite, Apt. #, etc.
City & State: Lake Charles LA
Zip: 70601 Country:

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State:
Zip: Country:

4. FEI Number: 72-1457235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ROBERT M
~~3038-C NORTH FEDERAL HIGHWAY~~ 3800 Inverrary Blvd Suite 209
~~FORT LAUDERDALE FL 33306~~
Lauderhill FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1011 West 18th St
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.

SIGNATURE [signature] Robert M Davis Managing Member 1-18-00
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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVIS, ROBERT M ~~3038-C NORTH FEDERAL HIGHWAY~~ 3800 → ~~FORT LAUDERDALE FL 33306~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Robert M Davis 3800 Inverrary Blvd Suite 209 Lauderhill FL 33319 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003119383--9 -02/01/00--01123--005 *****55.00 *****55.00 ☐ Change ☐ Addition
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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] Managing Member 1-18-00 954-717-0776 x15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #