

2001 UNIFORM BUSINESS REPORT (UBR)

0020704 AF

DOCUMENT # L00000004115

1. Entity Name
CSL SOLUTIONS, L.L.C.

Principal Place of Business

3564 MALAGA WAY
NAPLES FL 34105

Mailing Address

3564 MALAGA WAY
NAPLES FL 34105

2. Principal Place of Business

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

SUITE # 2202

City & State

FORT LAUDERDALE FL

Zip

33394

Country

USA

3. Mailing Address

PO BOX 5843

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33310

Country

USA

4. FEI Number

59-3638916

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
2001 APR 20 AM 11:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

BEHAR, LARRY J P.A.
888 SOUTHEAST THIRD AVE.
SUITE 400
FT. LAUDERDALE FL 33316

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
FREDERICK HEFER
ONE FINANCIAL PLAZA # 2202
FORT LAUDERDALE, FL 33394 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004086286--8
-04/27/01--01091--014
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)