

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90166 041 ****50.00

DOCUMENT # L00000004115

1. Entity Name

CSL SOLUTIONS, L.L.C.

Principal Place of Business

ONE FINANCIAL PLAZA, SUITE #2202
FT LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA, SUITE #2202
FT LAUDERDALE FL 33394

2. Principal Place of Business

1447 CAPRI LANE

Suite, Apt. #, etc.

6102

3. Mailing Address

1447 CAPRI LANE

Suite, Apt. #, etc.

6102

City & State

WESTON FL

City & State

WESTON FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

59-3638916

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME HEFER, FREDERICK
STREET ADDRESS ONE FINANCIAL PLAZA, #2202
CITY-ST-ZIP FT LAUDERDALE FL 33394TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☒ Change ☐ Addition
NAME FREDERICK HEFER
STREET ADDRESS 1447 CAPRI LANE, # 6102
CITY-ST-ZIP WESTON FL 33326TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

CR2E083 (9/01)