

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90094 025 \*\*\*\*50.00

0025888

**DOCUMENT # L00000004115**

1. Entity Name

**CSL SOLUTIONS, L.L.C.**



Principal Place of Business

**1447 CAPRI LANE  
#6102  
WESTON FL 33326**

Mailing Address

**1447 CAPRI LANE  
#6102  
WESTON FL 33326**

2. Principal Place of Business

**1329 ST TROPEZ CIRCLE**

Suite, Apt. #, etc.

**508**

City & State

**WESTON FL**

Zip **FL 33326**

Country

**USA**

3. Mailing Address

**1329 ST TROPEZ CIRCLE**

Suite, Apt. #, etc.

**508**

City & State

**WESTON FL**

Zip **33326**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

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. 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 **P** ☐ Delete  
NAME **HEFER, FREDERICK**  
STREET ADDRESS **1447 CAPRI LANE #6102**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition  
NAME **FREDERICK HEFER**  
STREET ADDRESS **1329 ST TROPEZ CIRCLE #508**  
CITY-ST-ZIP **WESTON FL 33326**

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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CITY-ST-ZIP

TITLE ☐ 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 REQUIRED**

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

Date

Daytime Phone #

**04/04/03 954-349-0653**

CR2E083 (10/02)