

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00009004129

1. Entity Name

OPTIMUM STRATEGIC SOLUTIONS, LLC

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90125 046 \*\*\*\*50.00

Principal Place of Business

7152 RUE DE PALISADES  
SARASOTA FL 34238

Mailing Address

7152 RUE DE PALISADES  
SARASOTA FL 34238

904004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, WILLIAM C  
7152 RUE DE PALISADES  
SARASOTA FL 34238

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM NELSON, WILLIAM C 7152 RUE DE PALISADES SARASOTA FL 34238	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

*William C Nelson*

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

4-20-02

Date

941-350-5531

Daytime Phone #

CR2E083 (9/01)

Attachment 954054 #L00000604129

Form **SS-4**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

# **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

**1** Name of applicant (legal name) (see instructions)  
**Optimum Strategic Solutions, LLC**

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name  
**William C. Nelson**

**4a** Mailing address (street address) (room, apt., or suite no.)  
**7152 Rue de Palisades**

**5a** Business address (if different from address on lines 4a and 4b)

**4b** City, state, and ZIP code  
**Sarasota, FL 34238**

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
**Sarasota FL**

**7** Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► **418-62-7542**  
**William C. Nelson**

**8a** Type of entity (Check only one box.) (see instructions)

**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ►

☐ Other (specify) ►

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) ► **Limited Liability Company**

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated  
**State**

**Foreign country**

**9** Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► **LLC**

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

**10** Date business started or acquired (month, day, year) (see instructions)  
**April 2002**

**11** Closing month of accounting year (see instructions)  
**December**

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .  
**N/A**

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .  
**Nonagricultural 0 Agricultural 0 Household 0**

**14** Principal activity (see instructions) ► **Insurance Consulting**

**15** Is the principal business activity manufacturing? . . . . .  
If "Yes," principal product and raw material used ► . . . . . ☐ Yes ☒ No

**16** To whom are most of the products or services sold? Please check one box. . . . .  
☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale)

**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  
Note: If "Yes," please complete lines 17b and 17c. ☐ Yes ☒ No

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **William C. Nelson, Manager**

Business telephone number (include area code)  
( 941 ) 350-5531

Fax telephone number (include area code)  
( 941 ) 926-9332

Signature ► *William C. Nelson*

Date ► **4-20-02**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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