


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006537 1. Entity Name ITEAMSOLUTIONS, LLC					
Principal Place of Business 4350 W CYPRESS ST STE 735 TAMPA FL 33607			Mailing Address 4350 W CYPRESS ST STE 735 TAMPA FL 33607		
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 59-3651229 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANNIGAN, CHRIS 4350 W CYPRESS ST STE 735 TAMPA FL 33607			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 _____ (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, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNIGAN, CHRIS		NAME		
STREET ADDRESS	4350 W CYPRESS ST STE 735		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33607		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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: _____			2/18/04 83-872-7595 Date Daytime Phone #		



MOORE CR2E083 (11/03)

59-3651229

Applied For
Not Applicable

\$5.00 Additional
Fee Required

FL Zip Code

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP <input type="checkbox"/> Delete
NAME	HANNIGAN, CHRIS
STREET ADDRESS	4350 W CYPRESS ST STE 735
CITY - ST - ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	

L00000059422
02/20/04-80081-005 50.00

SIGNATURE:

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

Date

Daytime Phone #