

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 00000006572

1. Entity Name

SOLUTIONS LLC



FILED

03 JUN 16 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1179 CORPORATE DRIVE WEST

3. Mailing Address

1179 CORPORATE DRIVE WEST

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

ARLINGTON TEXAS

City & State

ARLINGTON TEXAS

Zip

76006

Country

USA

Zip

76006

Country

USA

4. FEI Number

59-3648716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GARY L. SIMMONS

Street Address (P.O. Box Number is Not Acceptable)

1665 LAKE SHORE DR.

City

EUSTIS

FL

Zip Code

32726

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

200021087912

06/28/03--01113--006 \*\*50.00

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
GREG H. SEILARDS  
1179 CORPORATE DR. WEST SUITE 100  
ARLINGTON, TEXAS 76006

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Greg H. Seilards

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

Date

Daytime Phone #

6-12-03 800-344-5914

CR2E083B (12/02)