2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007496

1. Entity Name

VERTICAL SOLUTIONS, LLC



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90198 020 ****50.00

Principal Place of Business		Mailing Address		20004 MMG	
808 REMINGTON GREEN CIRCLE NORTH UITE 200 ALLAHASSEE FL 32308		2808 REMINGTON GREEN CIRCLE NORTH SUITE 200 TALLAHASSEE FL 32308		20001776	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3655487 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
BRENNEIS, JOHN E 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301			Name Street Address	ss (P.O. Box Number is Not Acceptable)	
•			City	FL Zip Code	
SIGNATURE _	Signature, typed or printed name of registered ager	FILE NO	E: Registered Agent signature requirements OW!!! FEE IS \$50.00 Ie to Florida Departm e By May 1, 2003	0	
	<u> </u>				
9.	MANAGING MEME	BERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSLEY, DANIEL M 1410 BETTON ROAD TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVELL, BRADLEY 2845 ROYAL ISLE DRIVE TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHAGOER FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE