2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011512

1. Entity Name

RESIDUAL SOLUTIONS, LLC

Principal Place of Business	Mailing Address
229 21ST AVENUE SOUTH	229 21ST AVENUE SOUTH
ST. PETERSBURG FL 33705	ST. PETERSBURG FL 33705

FILED

2001 APR 27 PM 4:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country	**4.** FEI Number	Applied For
					X Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
PETERSON, ROGER W	Street Address (P.O. Box Number is Not Acceptable)
229 21ST AVENUE SOUTH	
ST. PETERSBURG FL 33705	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)_ , MANAGER   ROGER W. PETERSON   4/27/01

Signature/typed or printed name of registered agent and title if applicable.   (NOT: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-05/15/01--01138--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MANAGING MEMBER NAME ROGER W. PETERSON STREET ADDRESS 229 21ST AVE S CITY-ST-ZIP ST PETERSBURG, FL 33705	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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)_ ROGER W. PETERSON MANAGER 4/27/01 727-826-9542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)