

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 042 ****50.00

DOCUMENT # L00000012203

1. Entity Name

LEADERSHIP SOLUTIONS FLORIDA, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10371 NW 39th PL

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

(SAME)

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

4. FEI Number

05-1047360

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANN MEACHAM

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

10371 NW 39th PL

City

CORAL SPRINGS

FL

Zip Code

33065

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRINCIPAL MEMBER
ANN M. MEACHAM
10371 NW 39th PL
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOUNDING MEMBER
PETER ARTHUR-SMITH
575 LEXINGTON AVE 4th FL
NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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: Ann Meacham ANN MEACHAM

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

3/18/02 954-344-9892

Date Daytime Phone #

CR2E083B (12/01)