L00000012203

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012203

0011989

FILED
Oct 22, 2003 8:00 A
Secretary of State

1. Entity Name
LEADERSHIP SOLUTIONS FLORIDA, L.L.C.

REINSTATEMENT 2003

Principal Place of Business
10371 NORTHWEST 39 PLACE
CORAL SPRINGS FL 33065

Mailing Address
10371 NORTHWEST 39 PLACE
CORAL SPRINGS FL 33065

2. Principal Place of Business: Same
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1047360 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

MEACHAM, ANN M
10371 NW 39TH PL
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: Same
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: Ann Meacham ANN MEACHAM 10-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

200023665972
10/03/03--01047--004 **150.00

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	MEACHAM, ANN
STREET ADDRESS	10371 NW 39TH PL
CITY-ST-ZIP	CORAL SPRINGS FL 33065

☐ Delete

TITLE	MGRM
NAME	ARTHUR-SMITH, PETER
STREET ADDRESS	575 LEXINGTON AVE., 4TH FL
CITY-ST-ZIP	NEW YORK NY 10022

☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

REINSTATEMENT 2003

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE	Managing Member
NAME	Arthur-Smith Peter
STREET ADDRESS	30 Rockefeller Plaza
CITY-ST-ZIP	NY, NY 10112

☒ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (4/03)

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 10-01-03 954-344-9892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #