2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

Uľ	AILOKM DOSINE	35 REPURI	(UBK)		Api 17, 20	03 0.0	o am	
DOCUMENT # L00000012944					Secretary of State 04-14-2003 90006 040 ****50.00			
•	ISING SOLUTIONS OF FLORID	DA, LLC			04-14-2003 3000	0 040 30.	00	
Principal Plac	ce of Business	Mailing Address						
15780 JONES ROAD 15780 JONES ROAI		<u> </u>						
	MYERS FL 33917	NORTH FORT MYERS FL 339	917					
2. Principal Place of Business 209 Lago VISTA St.		3. Mailing Address 209 Lago Vista-St		<i></i> ₽>				
Suite, Apt.		Suite, Apt. #, etc.	ZIOIA-O I	7.	CHECK HERE IF MA	KING CHANGES		
City & Stat	Soci. Fl	City & State	FI	4. FEI Nui	mber 65-1036655	⊢	oplied For	
اراكان Zip ه	Country	Zip	Country			\$5.00 44-		
32	71.3 USA	32713	USA	5. Certific	ate of Status Desired	Fee Require		
	6. Name and Address of Current F	tegistered Agent		7. Name a	and Address of New Register	ered Agent		
HOF	BKIRK, GRETCHEN G		Name	Hobkiek	· Gretchen G			
	80 JONES ROAD	Street Address (P.O. Box Number is Not Acceptable)						
NORTH FORT MYERS FL 33917			-	000 70	collecto St			
				209 Ca	go Vista St.			
			City	De BARG	?	FL 3500	ا 3/ځ	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registered agent, or	both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: F	Registered Agent signat	ure required when reinstating)	4/1/	NATE DATE		
		FILE NOV	NIII FEE IS \$	50.00				
	· ·	Make Check Payable					<	
		Due l	By May 1, 200	3			ļ	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHAN			
TITLE	MGRM	Delete	TITLE			Change	Addition Some	
name Street address	HOBKIRK, GRETCHEN G 15780 JONES ROAD		NAME STREET ADDRESS	ong Lac	goUistaSt.	adour	come	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917		CITY-ST-ZIP	DeBreh	FI 327/3	name		
TITLE	MGRM	☐ Delete	TITLE	INC WALL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
NAME .	HOBKIRK, MATTHEW A	5 0,000	NAME	000 1000	I heta St	Address Scene r	ONY	
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CITY-ST-ZIP	NORTH FORT MYERS FL 33917		CITY-ST-ZIP	LEBACY	1-L-32713			
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NAME			NAME CTOSET ADDRESS			•	1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	certify that the information supplied with t	hie filing does not qualify far th		ed in Section 110 07	(3)(i) Florida Statutas 16tha	or cortification that	oformation	
indicated	on this report is true and accurate and the bility company or the receiver or trustee to bility company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen to be seen the company or the receiver or trustee to be seen to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen the company or the receiver or trustee to be seen to be seen the company of the company or the company or the company of the company or the company of the company of the company or the company of the company	nat my signature shall have the	e same legal effe	ct as if made under o	ath; that I am a managing me			