2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 22, 2002 8:00 am³ Secretary of State DOCUMENT # L0000014134 05-22-2002 90268 042 ****50.00 SOLOMON SERVICES, LLC Mailing Address Principal Place of Business 288 LANDINGS BLVD 288 LANDINGS BLVD WESTON FL 33327 WESTON FL 33327 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1054920 Not Applicable Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINANCIAL FOUNDATIONS INC Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR **CLEARWATER FL 33761** Zip Code City FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition Change MGR ☐ Detete TITLE TITLE SOLOMON, NEIL M NAME NAME STREET ADDRESS STREET ADDRESS 288 LANDINGS BLVD CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME > STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 step empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied, indicated on this report is true and limited liability company or the re-

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

FILED