

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015672

1. Entity Name

SERVICE SOLUTIONS, L.L.C.

FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SAME

611 ALBEE FARM ROAD
NOKOMIS, FL. 34275

2. Principal Place of Business

611 ALBEE FARM RD

3. Mailing Address

611 ALBEE FARM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

NOKOMIS, FL.

NOKOMIS, FL.

4. FEI Number

651071119

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

34275

SARASOTA

34275

SARASOTA

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

LAURIE A. BOLAM
611 ALBEE FARM ROAD
NOKOMIS, FL. 34275

Name

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.

SIGNATURE Laurie A. Bolam

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MANAGER
NAME LAURIE A. BOLAM
STREET ADDRESS 611 ALBEE FARM ROAD
CITY-ST-ZIP NOKOMIS, FL. 34275 ☐ Delete

TITLE MANAGER
NAME WILLIAM L. BOLAM
STREET ADDRESS 611 ALBEE FARM RD
CITY-ST-ZIP NOKOMIS, FL. 34275 ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Laurie A. Bolam

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

Date

Daytime Phone #

3/12/01 (941) 412-0479

CR2E083 (11/00)