

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L00000016215****1. Entity Name**  
INFOSOLV, LLC

<b>Principal Place of Business</b> 225 COUNTRY CLUB DRIVE, UNIT B117  LARGO FL 33771	<b>Mailing Address</b> 225 COUNTRY CLUB DRIVE, UNIT B117  LARGO FL 33771
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<b>2. Principal Place of Business</b> 3273 21 AVE, SW  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3273 21 AVE, SW  Suite, Apt. #, etc.
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<b>City &amp; State</b> LARGO FL	<b>City &amp; State</b> LARGO FL
<b>Zip</b> 33774	<b>Country</b>

<b>4. FEI Number</b> 59-3692291	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
  
PONTE ALBERTO GJR.  
225 COUNTRY CLUB DRIVE  
  
LARGO FL 33771  
US**7. Name and Address of New Registered Agent**  
  
Name  
PONTE ALBERTO GJR.  
Street Address (P.O. Box Number is Not Acceptable)  
3273 21 AVE, SW  
  
City  
LARGO FL Zip Code  
33774**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 ALBERTO G. PONTE, JR.****04/16/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PONTE ALBERTO GJR 3273 21 AVE, SW LARGO FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ALBERTO G. PONTE, JR.****MR****04/16/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)