

FILED

03 JUN 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000001529 1. Entity Name TEKSOLVERS, LLC					
Principal Place of Business 1077 GLENHARBOR CIRCLE WINTER GARDEN, FL 34787			Mailing Address 1077 GLENHARBOR CIRCLE WINTER GARDEN, FL 34787		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3703015	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, TODD 1077 GLENHARBOR CIRCLE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when appointing)					
FILE NOW!!! - FEB IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SMITH, TODD 1077 GLENHARBOR CIRCLE WINTER GARDEN, FL 34787 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 10002082252 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SMITH, BENITA 1077 GLENHARBOR CIRCLE WINTER GARDEN, FL 34787 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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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)(X), 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 606, Florida Statutes.					
SIGNATURE:			6/9/03 401-37-8450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2003-1002