

003 LIMITED LIABILITY COMPANY 6789

0064639

DOCUMENT # L01000005789

1. Entity Name
RELiance PROPERTY SOLUTIONS GROUP, LLC



FILED

03 OCT -2 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
6104 BRIGHT WATERS COURT
SPRING HILL FL 34607
US

Mailing Address
PO BOX 5131
SPRING HILL FL 34611-5131

2. Principal Place of Business
6965 1st AVE NORTH
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 40505
Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL
Zip
33710
Country
USA

City & State
ST. PETERSBURG, FL
Zip
33743-0505
Country
USA

4. FEI Number 59-3706556

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BASTIEN, CHRISTOPHER A
C/O 6104 BRIGHT WATERS COURT
SPRING HILL FL 34607

7. Name and Address of New Registered Agent

Name
BASTIEN CHRISTOPHER A.
Street Address (P.O. Box Number is Not Acceptable)
6965 1st AVE NORTH
City
ST PETERSBURG FL Zip Code
33710

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 Christopher A Bastien CHRISTOPHER A. BASTIEN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9-29-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BASTIEN, CHRISTOPHER A 6104 BRIGHT WATERS COURT SPRING HILL FL 34607 | <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 | MGR BASTIEN, CHRISTOPHER A. 6965 1st AVE NORTH ST. PETERSBURG, FL 33710 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200023511772 10/02/03--01033--012 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200023511772 10/02/03--01033--013 **5.00 | <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 |

REINSTATEMENT 2003

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: Christopher A Bastien Mgr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-29-03 727-381-2274
Date Daytime Phone #

CR2E083 (10/02)