

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90002 010 ****50.00

DOCUMENT # L01000008109

1. Entity Name

STRUCTURED SYSTEMS HOLDINGS, LLC



Principal Place of Business

**801 S. FLORIDA AVE.
SUITE 7
LAKELAND FL 33801**

Mailing Address

**801 S. FLORIDA AVE.
SUITE 7
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

Suite, Apt. #, etc.

Suite 1

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3720412**

Applied For

Not Applicable

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

**MICHIE, KRISTOPHER A
801 S. FLORIDA AVENUE, STE. 7
LAKELAND FL 33801**

Name

Street Address (P.O. Box Number is Not Acceptable)

801 S. Florida Ave., Suite 1

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RULE, ROCKY W MR.
5810 COVEVIEW DR. E
LAKELAND FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MICHIE, KRISTOPHER A MR.
5015 WILLIAMSTOWN BLVD.
LAKELAND FL 33810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Michie, Kristopher A.
2323 Eden Parkway
Lakeland, FL 33803** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

3/24/03 863-284-1155

CR2E083 (10/02)