

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-15-2002 90138 008 ****50.00

DOCUMENT # L01000010487

1. Entity Name

SAMI SOLUTIONS, LLC

Principal Place of Business

Mailing Address

C/O PIPER MARBURY RUDNICK & WOLFE LLP
 101 EAST KENNEDY BLVD., STE. 2000
 TAMPA FL 33602

C/O PIPER MARBURY RUDNICK & WOLFE LLP
 101 EAST KENNEDY BLVD., STE. 2000
 TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3729388

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

MCINTOSH, ANDREW L.
 C/O PIPER MARBURY RUDNICK & WOLFE LLP
 101 EAST KENNEDY BLVD., STE. 2000
 TAMPA FL 33602

Name **R.L. BRANDON**

Street Address (P.O. Box Number is Not Acceptable) **10366 LIGHTNER BRIDGE DR**

City **TAMPA**

FL

Zip Code **33626**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO A.L. BRANDON 10366 LIGHTNER BRIDGE DR. TAMPA, FL 33626	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT H.B. BRANDON 10366 LIGHTNER BRIDGE DR. TAMPA, FL 33626	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFF LINNELL 1011 WILPER LAKE CT. MIDDLEBURY, VA 22313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

Date

Daytime Phone #

CR2083 (9/01)