

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000014344

FILED  
May 03, 2002 8:00 AM  
Secretary of State

**Entity Name:** ENCOMPASS SOLUTIONS, LC

**Current Principal Place of Business:**

2224 NW 135TH TERRACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2224 NW 135TH TERRACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 59-3739405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALTA, RITA  
2224 NW 135TH TERRACE  
GAINESVILLE, FL 32606

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGRM ( ) Change (X) Addition  
**Name:** PALTA, RITA  
**Address:** 2224 NW 135TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32606 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** RITA PALTA

MGRM

05/03/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date