

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000018833**

1. Entity Name

AWS CONSULTING & DEVELOPMENT, LLC

Principal Place of Business

**5380 NORTH OCEAN DRIVE - 24-J
SINGER ISLAND FL 33404**

Mailing Address

**5380 NORTH OCEAN DRIVE - 24-J
SINGER ISLAND FL 33404**

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

☒ Applied For
☐ Not Applicable5. 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

**SANDBACH, A. WILLIAM
5380 NORTH OCEAN DRIVE - 24-J
SINGER ISLAND FL 33404**

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

**TITLE PRINCIPAL & MANAGER ☐ Delete
NAME A.W. SANDBACH
STREET ADDRESS 5380 N. OCEAN DR - 24-J
CITY-ST-ZIP SINGER ISLAND, FL. 33404****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**

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 #

**FILED
Feb 21, 2002 8:00 am
Secretary of State**

01-16-2002 90260 035 ****50.00



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)