

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90576 015 ****50.00

DOCUMENT # L01000019728

1. Entity Name

TERRASOLUTIONS, LLC

DO NOT WRITE IN THIS SPACE

957236

2. Principal Place of Business
1620 Highland Road
Suite, Apt. #, etc.

3. Mailing Address
1620 Highland Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Stephen H. Flanagan

Street Address (P.O. Box Number is Not Acceptable)
1620 Highland Road

City Winter Park **FL** **Zip Code** 32789

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Stephen H. Flanagan 1620 Highland Road Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Keith Ray 204 Quayside Circle, #102 Maitland, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Stephen H. Flanagan

x 5/1/02 407/481-5399

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

Date

Daytime Phone #