

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

FILED

04 AUG -2 PM 3:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L01000019788

1. Entity Name

METATECH SOLUTION & SUPPORT, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
VOLGOGEADSKY PR1

Suite, Apt. #, etc.
146, 5TH FLOOR

City & State
MOSCOW

Zip
117049

Country
RUSSIA

3. Mailing Address
1455 TALLEVAST ROAD

Suite, Apt. #, etc.
STE L8319

City & State
SARASOTA, FL

Zip
34243

Country
USA

DO NOT WRITE IN THIS SPACE

8/2

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JOSEPH EVANS

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

1455 TALLEVAST ROAD, STE L8319

City SARASOTA,

FL

Zip Code
34243

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Fortnostress Corporate Management GMBH
12260 Willow Grove Road, Bldg #2
Camden DE 19934 US

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000141862

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Etna Global Group Corporation
12260 Willow Grove Road, Bldg #2
Camden DE 19934 US

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/30/04 80021 003
\$50.00

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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:

Zeide E. Ros

authorised signatory of MGMR

April 21, 04

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

Date

Daytime Phone #

CR2E083B (12/02)