

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 90692 003 ****55.00

DOCUMENT # L01000022382

1. Entity Name
LTC BUSINESS SOLUTIONS, L.L.C.



Principal Place of Business
**1301 NE 104TH STREET
MIAMI FL 33138**

Mailing Address
**1301 NE 104TH STREET
MIAMI FL 33138**

44003295

2. Principal Place of Business
**806 W. DELEON ST.
Suite, Apt. #, etc.
SUITE C
TAMPA FL**

3. Mailing Address
**806 W. DELEON ST.
Suite, Apt. #, etc.
SUITE C
TAMPA FL**

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33606

Country
HILLSBOROUGH

Zip
33606

Country
HILLSBOROUGH



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **33-1003636** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**HART, BRIAN A
2601 SOUTH BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMEZ, ESTELLA 15424 N.E. 2ND AVE. MIAMI FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAKING MANAGER GREEN MOUNTAIN BUSINESSES, INC. 806 W. DELEON ST. SUITE C TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] **SIGNATURE REQUIRED** **4/30/03 83-2588566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)