

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90030 010 \*\*\*\*50.00

**DOCUMENT # L02000000806**

1. Entity Name

**ADVANCED COMPOSITE SOLUTIONS, LLC**



Principal Place of Business

**1501 AIRWAY CIR  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**1501 AIRWAY CIR  
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAHM, JEFFREY A  
1501 AIRWAY CIR  
NEW SMYRNA BEACH FL 32168**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: **President**  
NAME: **Jeff Rahm**  
STREET ADDRESS: **1791 Akash Cr.**  
CITY-ST-ZIP: **Fort Orange, FL 32128**

☐ Delete

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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10. ADDITIONS/CHANGES

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

☐ Change

☐ Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

☐ Change

☐ Addition

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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☐ Change

☐ Addition

TITLE: \_\_\_\_\_  
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☐ Change

☐ Addition

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☐ Change

☐ Addition

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CITY-ST-ZIP: \_\_\_\_\_

☐ Change

☐ Addition

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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-14-03 386-66775**

CR2E083 (10/02)