

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-04-2003 90055 038 ****50.00

DOCUMENT # L02000002845

1. Entity Name

ANDERSON/HEIDEL BACK - OFFICE BUSINESS SOLUTIONS
LLC



Principal Place of Business

Mailing Address

2380 APPALOOSA CIRCLE
SARASOTA FL 34240

2380 APPALOOSA CIRCLE
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

6151 Lake Osprey Dr.

6151 Lake Osprey Dr.

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.
Suite 335

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34240

Country
USA

Zip
34240

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0675866

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, LYNN M
2380 APPALOOSA CIRCLE
SARASOTA FL 34240

6151 Lake Osprey
Dr. #335
Sarasota, FL 34240

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Lynn M. Anderson
6151 Lake Osprey Drive #335
Sarasota, FL 34240

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Janice P. Heidel
6151 Lake Osprey Drive #335
Sarasota, FL 34240

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Lynn M. Anderson

01/27/2003

941-909-
6531

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

Date

Daytime Phone #

CR2E083 (10/02)