

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 043 ****50.00

DOCUMENT # L02000002978

1. Entity Name

VISIONARY BUSINESS SOLUTIONS, LLC



Principal Place of Business

Mailing Address

**1800 PENN STREET, STE #4
MELBOURNE FL 32904**

**1800 PENN STREET, STE #4
MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

1101 W Hibiscus Blvd PO Box 372577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

Melbourne

Satellite Beach

Zip

Country

Zip

Country

FL 32937 Brevard

32937

USA

4. FEI Number

Applied For

02-0550036

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTA, SANJIV

**1800 PENN STREET STE #4
MELBOURNE FL 32904**

Name

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

1101 W Hibiscus Blvd #104

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

Jean Shagena
(NOTE: Registered Agent signature required when reinstating)

4/29/03
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 ☐ Delete
NAME **MGR**
STREET ADDRESS **MATTA, SANJIV**
CITY-ST-ZIP **1800 PENN STREET, STE #4
MELBOURNE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1101 W Hibiscus Blvd #104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **SHAGENA, JEAN**
CITY-ST-ZIP **1800 PENN STREET, STE #4
MELBOURNE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1101 W Hibiscus Blvd #104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

Jean Shagena *4-29-03* *321-773-5143*

CR2E083 (10/02)