UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L02000003457

BUSINESS & ACCOUNTING SOLUTIONS, LLC



FILED Jul 18, 2003 8:00 am Secretary of State

07-18-2003 90021 012 ****55.00

CONT. TRO

## ADDITIONS/CHANGES Secret Records					III I			
PEMBROKE PINES FL 3008-5951 2. Principal Place of Business 8. 3.0.3. Princess 8. 3.0. Princess 8. 5. Certificate of Status Desired 9. Status Desired	rincipal Place	of Business	Mailing Address					
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App College File Pembroke Rines FL Pembroke Rines Ri	Suite, Apt. #	he. 431			☐ CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired	City & State	ke Pines, FL			4. FEI Num 15	-298-855U	A _F	oplied For ot Applicable
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RICHARDS, DIONNE 10461 NW 3 STREET PEMBROKE PINES FL 33028-5951 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, ar the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE MARK Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ON-S1-2P THE NAME SIRET ADDRESS ON-S1-2P Delete THE NAME SIRET ADDRESS ON-S1-2P Delete THE NAME SIRET ADDRESS ON-S1-2P Delete THE NAME SIRET ADDRESS ON-S1-2P THE NAME SIRET ADDRESS ON-S1-2P Delete THE NAME SIRET ADDRESS ON-S1-2P THE SIRE		6. Name and Address of Current F	legistered Agent	Name	7. Name a	nd Address of New Regis	stered Agent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an single obligations of registered agent. SIGNATURE Signature, speed or protect forme of registered agent and the if applicable. PLE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS TILE NAME STRETADORESS TILE NAME STRETADORESS CITY-ST-ZIP TILE Delete TILE NAME STRETADORESS CITY-ST-ZIP Change Chang	10461	NW 3 STREET			ldress (P.O. Box Num	ber is Not Acceptable)		
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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: 2