

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 02000004646

1. Entity Name

SYSTEMIC DECISIONS, LLC



FILED

04 AUG 24 PM 4:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4137 SALTWATER BLVD

Suite, Apt. #, etc.

3. Mailing Address

4137 SALTWATER BLVD

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33615-5638

Country

Zip

33615-5638

Country

4. FEI Number

01-0625323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ANDERSON, WALLACE B JR,

Street Address (P.O. Box Number is Not Acceptable)
2202 NORTH WEST SHORE BLVD

STE. 200

City TAMPA FL

FL

Zip Code
33607-5747

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.

9. SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
DONALD J. TABONE
4137 SALTWATER BLVD.
TAMPA FL 33615-5638

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IN THIS SPACE**

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

8-3-2004

Date

813 249-7615

Daytime Phone #

CR2E083B (12/02)