

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90042 018 \*\*\*\*50.00

**DOCUMENT # L02000005457**

1. Entity Name

**JOINT SOLUTION ASSOCIATES, LLC**



Principal Place of Business

**196 COUNTRY CLUB DRIVE  
MELBOURNE FL 32940**

Mailing Address

**196 COUNTRY CLUB DRIVE  
MELBOURNE FL 32940**

2. Principal Place of Business

**8026 KINGSWOOD WAY**

3. Mailing Address

**8026 KINGSWOOD WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE FL**

City & State

**MELBOURNE, FL**

Zip

**32940**

Country

**FLORIDA**

Zip

**32940**

Country

**FLORIDA**

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

**CROWSON, LAWRENCE B III  
196 COUNTRY CLUB DRIVE  
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name **CROWSON, LAWRENCE B III**

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

**8026 KINGSWOOD WAY**

City

**MELBOURNE**

**FL**

Zip Code

**32940**

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

**9/7/2003**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete  
NAME **GLENDIA D. CROWSON**  
STREET ADDRESS **8026 KINGSWOOD WAY**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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:

**GLENDIA D. CROWSON**

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

Date

Daytime Phone #

**9/7/2003 (321) 254-2515**

CR2E083 (4/03)

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