FILED
Jun 04, 2003 8:00 am
Secretary of State

04-11-2003 90014 009 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013170

1. Entity Name
QDRO SOLUTIONS LLC

[redacted]

44003296

Principal Place of Business	Mailing Address
602 CHANNELSIDE DR. TAMPA, FL 33602	602 CHANNELSIDE DR. TAMPA, FL 33602

2. Principal Place of Business
3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

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

DIETRICH, RAYMOND S
602 CHANNELSIDE DR.
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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] 4-24-03
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. MANAGER MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9.		10.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAYMOND S. DIETRICH 602 CHANNELSIDE DR. TAMPA, FL 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] 4-24-03 813.223.3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #