2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)** 

indicated on this report is true and accuming the manufactured in the company or the received

SIGNATURE:

## **FILED** Jan 31, 2005 08:00 AM Secretary of State DOCUMENT # L02000015700 1. Entity Name ARTILES2 SOLUTIONS, LLC Mailing Address Principal Place of Business 8392 SW 165 TERR 8392 SW 165 TERR PALMETTO BAY FL 33157 PALMETTO BAY FL 33157 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEl Number 14-1850644 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRIDGER, D. ROSS Street Address (P.O. Box Number is Not Acceptable) 80 SW 8TH ST, STE 2000 **MIAMI FL 33130** Zip Code City Fl 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9, 10. Change Addition HHE HILE Delete U00000207145 NAME ARTILES, FRANK A 02/01/05-80035-001 50.00 STREET ARRESTS STREET ADDRESS 8392 SW 165 TERRACE CITY-ST-ZIP CHY-ST-ZP PALMETTO BAY FL 33157 ☐ Change ☐ Addition THE ☐ Delete THLE NAME ARTILES, AIMEE N NAME STREET ADDRESS STREET ADDRESS 8392 SW 165 TERRACE CHTY-ST-ZIP CITY-ST-7IP PALMETTO BAY FL 33157 Delele Change Aratika::: TITLE NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CRY-ST-78 Additio Change ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-7P Change ☐ Addilia ☐ Delete TITLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7/P CHTY-ST-78P A. Gille Change Delete TITLE BILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY, SE-7IP d with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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 flustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #