

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016644

1. Entity Name
RED STONE SOLUTIONS, LLC



Principal Place of Business
**3038 NORTH FEDERAL HIGHWAY
SUITE D-200
FT. LAUDERDALE, FL 33306 US**

Mailing Address
**3038 NORTH FEDERAL HIGHWAY
SUITE D-200
FT. LAUDERDALE, FL 33306 US**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2062986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PISONI, MATTHEW
3038 NORTH FEDERAL HIGHWAY
SUITE D-200
FT. LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

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 renewing.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000220278
02/08/05-80061-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PISONI, MATTHEW
3038 NORTH FEDERAL HIGHWAY, SUITE D-200
FT. LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FRIEDBERG, SHELDON L
3038 NORTH FEDERAL HIGHWAY, SUITE D-200
FT. LAUDERDALE, FL 33306**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MATTHEW PISONI

1/21/2005

954-670-0444