

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016644			
1. Entity Name RED STONE SOLUTIONS, LLC			
Principal Place of Business 13790 NW 4TH STREET 111 SUNRISE, FL 33325 US		Mailing Address 13790 NW 4TH STREET 111 SUNRISE, FL 33325 US	
2. Principal Place of Business 3038 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE D-200 City & State FT. LAUDERDALE FL Zip 33306 Country BROWARD		3. Mailing Address 3038 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE D-200 City & State FT. LAUDERDALE FL Zip 33306 Country BROWARD	
4. FEI Number 54-2062986		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent PISONI, MATTHEW 13790 NW 4TH STREET 111 SUNRISE, FL 33325		7. Name and Address of New Registered Agent Name PISONI MATTHEW Street Address (P.O. Box Number is Not Acceptable) 3038 NORTH FEDERAL HIGHWAY SUITE D-200 City FT. LAUDERDALE FL Zip Code 33306	
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 <u>MATTHEW PISONI</u> DATE <u>3/28/2003</u> 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, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PISONI, MATTHEW 401 NE 15TH AVENUE FT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PISONI, MATTHEW 3038 N. FEDERAL HIGHWAY, SUITE D-200 FT. LAUDERDALE FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDBERG, SHELLEY 2790 EAGLE RUN DRIVE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDBERG, SHELLEY 3038 N. 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	300014955373 04/01/03--01006--013 **50.00
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
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
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: <u>MATTHEW PISONI</u>		DATE <u>3/28/2003</u> DAYTIME PHONE # <u>354-670-0444</u>	

FILED

03 APR -2 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2083 (10/02)