

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90611 009 ****50.00

DOCUMENT # L02000018295

1. Entity Name

ADVANCE SOLUTIONS, L.L.C.



Principal Place of Business

**8660 COLLEGE PARKWAY, SUITE 160
FORT MYERS FL 33919**

Mailing Address

**8660 COLLEGE PARKWAY, SUITE 160
FORT MYERS FL 33919**

2. Principal Place of Business

6150 Diamond Centre Court

Suite, Apt. #, etc.
Bldg. 1300

City & State
Fort Myers, FL

3. Mailing Address

6150 Diamond Centre Court

Suite, Apt. #, etc.
Bldg. 1300

City & State
Fort Myers, FL

Zip
33912

Country
Lee

Zip
33912

Country
Lee

4. FEI Number

37-1436610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE, SUITE 340
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6150 Diamond Centre Court

Bldg. 1300

City
Fort Myers

FL

Zip Code
33912

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
THIBAUT, RANDY
STREET ADDRESS
8660 COLLEGE PARKWAY, SUITE 160
CITY-ST-ZIP
FORT MYERS FL 33919

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**6150 Diamond Centre Court, Bldg. 1300
Fort Myers, FL 33912**

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

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]
SIGNATURE REQUIRED

Randy Thibaut, Manager

4/1/03

239-489-4066

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

Date

Daytime Phone #

CR2E083 (10/02)