

FILED  
Jun 02, 2003 8:00 am  
Secretary of State

05-02-2003 90576 047 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

5/

DOCUMENT # L02000018383

1. Entity Name

EMPIRE SOLUTIONS, LLC



Principal Place of Business

1960 PETERS PLACE  
CLEARWATER FL 33764

Mailing Address

1960 PETERS PLACE  
CLEARWATER FL 33764

44003168



2. Principal Place of Business

3105 West Waters Ave  
Suite 315  
Tampa, FL  
33614  
USA

3. Mailing Address

3105 West Waters Avenue  
Suite 315  
Tampa, FL  
33614  
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-163986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANDIP I

6800 NORTH DALE MABRY HIGHWAY STE. 268  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name SANDIP I. Patel

Street Address (P.O. Box Number is Not Acceptable)

3105 West Waters Avenue Suite 315  
Tampa FL 33614

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

Sandip I. Patel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/03

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM Patel, Kiran C.
STREET ADDRESS	3105 West Waters Avenue Suite 315
CITY - ST - ZIP	Tampa FL 33614
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 REQUIRED

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

4/29/03

DATE

839319924

Daytime Phone #

CR2E083 (10/02)