


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90254 043 ****55.00

DOCUMENT # L02000019534	
1. Entity Name U.S. LENDING SOLUTIONS, LLC	

Principal Place of Business 9999 SUNSET DRIVE SUITE #205 MIAMI, FL 33173	Mailing Address 9999 SUNSET DRIVE SUITE #205 MIAMI, FL 33173
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24033158



2. Principal Place of Business 8600 N.W. 17th STREET Suite, Apt. #, etc. Suite # 110	3. Mailing Address 8600 N.W. 17th STREET Suite, Apt. #, etc. Suite # 110
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03242004 Chg-LLC CR2E083 (10/03)

City & State MIAMI Florida	City & State MIAMI Florida
Zip 33126	Country USA
Zip 33126	Country USA

4. FEI Number 22-3860868	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROS, CARLOS J 9999 SUNSET DRIVE SUITE 205 MIAMI, FL 33173
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7. Name and Address of New Registered Agent	
Name ROS, CARLOS J.	
Street Address (P.O. Box Number is Not Acceptable) 8600 N.W. 17th STREET	
Suite # 110	
City MIAMI	FL Zip Code 33126

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  DATE 3/31/2004

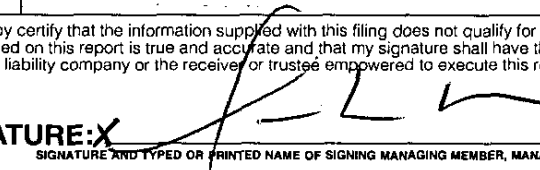
Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROS, CARLOS J 9999 SUNSET DRIVE SUITE #205 8600 N.W. 17th STREET #110 MIAMI, FL 33173 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, JULIO C JR. 9999 SUNSET DRIVE SUITE #205 8600 N.W. 17th STREET #110 MIAMI, FL 33173 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, JULIO C SR. 9999 SUNSET DRIVE SUITE #205 8600 N.W. 17th STREET #110 MIAMI, FL 33173 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 3/31/2004 (305) 595-3200 ext. 116