2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020864

1. Entity Name

RIZMARK SOLUTIONS LLC

SIGNATURE:



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90065 026 ****50.00

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Principal Place	of Business		Mailin	Mailing Address								
222 LAKEVIEW AVE SUITE # 160-154 WEST PALM BEACH FL 33401 US			SUITE	222 LAKEVIEW AVE SUITE # 160-154 WEST PALM BEACH FL 33401 US								
2. Principal Place of Business				3. Mailing Address				I HERITERI DIA DERIK HERI DUNI DUNI DERIK BURKU BURK				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State				City & State			4. FEI Numl	4. FEI Number 11-3647 884 Applied For Not Applicable				
Zip	Country			<u> </u>	atry	5. Certificat	5. Certificate of Status Desired Status Desired Fee Required					
	6 Name	and Address of Curre	nt Register	egistered Agent			7. Name and Address of New Registered Agent					
 .	O. Idaille	Bild Addictor of Call				Name			·			
gore, mark 222 lakeview ave.				Street Address			(P.O. Box Number is Not Acceptable)					
	E # 160-1											
WEST PALM BEACH FL 33401					City			FL	Zip Code	е		
8. The above the obligation	named entit ions of regis	y submits this statemer tered agent.	it for the purp	oose of changing its	s register	ed office or regis	stered agent, or b	oth, in the State of Fl	orida. Fam fa	amiliar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered a	gent and title if ap	plicable. (NOT	rE: Registere	ed Agent signature requ	ired when reinstating)	· <u>·</u>	DATE			
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	certify that the	he information supplied	with this filin	g does not qualify f	or the ex	emption stated in	n Section 119.07(3)(i), Florida Statutes	. I further cer	tify that the	information	
indicated limited lia	on this reparability compa	he information supplied ort is true and agcurate any or the receiver or tr	and that my ustee	signature shall have ered to execute this	e the san s report a	ne legal effect as as required by Ch	if made under o hapter 608, Floric	ath; that I am a man: Ia Statutes.	aging membe	er or manage	er of the	

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE