

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90041 010 \*\*\*\*50.00

**DOCUMENT # L02000021375**

1. Entity Name  
SI SOLUTIONS, LLC



Principal Place of Business  
3922 COCONUT PALM DRIVE, SUITE 106  
TAMPA, FL 33619

Mailing Address  
3922 COCONUT PALM DRIVE, SUITE 106  
TAMPA, FL 33619

**24053841**



2. Principal Place of Business 3901 Coconut Palm Drive Suite, Apt. #, etc. Suite 110 City & State Tampa, Florida Zip 33619		3. Mailing Address 3901 Coconut Palm Drive Suite, Apt. #, etc. Suite 110 City & State Tampa, Florida Zip 33619	
Country US		Country US	

04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2376048	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  
CASEY, WILLIAM W  
~~822-B BAHIA DEL SOL~~ 3939 Cockroach Bay Road  
RUSKIN, FL 33570 Ruskin, FL 33570

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**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 CASEY, CRAIG S 745 CRUISE VIEW DRIVE TAMPA, FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASEY, WILLIAM W 822-B BAHIA DEL SOL RUSKIN, FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASEY, LEANN T 822-B BAHIA DEL SOL RUSKIN, FL 33570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3939 Cockroach Bay Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3939 Cockroach Bay Road
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

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** *Leann T. Casey* **LEANN T. CASEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/22/04

813 630-1911

Date

Daytime Phone #