

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 011 ****50.00

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1. Entity Name

SI SOLUTIONS, LLC



Principal Place of Business

3901 COCONUT PALM DRIVE STE 110
TAMPA FL 33619

Mailing Address

3901 COCONUT PALM DRIVE STE 110
TAMPA FL 33619

20017090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2376048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, WILLIAM W
3939 COCKROACH BAY RD
RUSKIN FL 33570

Name

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

3800 COCKROACH BAY ROAD

City

RUSKIN

FL

Zip Code

33570

ADDRESS CHANGE ONLY

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CASEY, CRAIG S
STREET ADDRESS 745 CRUISE VIEW DRIVE
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CASEY, WILLIAM W
STREET ADDRESS 3939 COCKROACH BAY RD
CITY-ST-ZIP RUSKIN FL 33570

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3800 COCKROACH BAY ROAD
CITY-ST-ZIP RUSKIN, FL 33570

TITLE MGRM ☐ Delete
NAME CASEY, LEANN T
STREET ADDRESS 3939 COCKROACH BAY RD
CITY-ST-ZIP RUSKIN FL 33570

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3800 COCKROACH BAY ROAD
CITY-ST-ZIP RUSKIN, FL 33570

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

LeAnn T. Casey, LEANN T. CASEY 2-16-05 813 630-1911

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

Date

Daytime Phone #