2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2003 8:00 am Secretary of State 02-12-2003 90002 021 ****55.00

Maling Address Section	1. Entity Na	JMENT # LO20000 ECH SOLUTIONS LTD. CO.	25591				55	.U135	6 0		
Suite, Apt. #, etc. Common	5600 NW 15TH ST. #7		5600 NW 15TH ST. #7								
Side, A.F. #, etc. City & State	2. Principal Place of Business		3. Mailing Address May V.C. Crohana								
The Lauder/dail control country and provided the property of the purpose of changing is registered agent. The Address (P.O. Box Number is Not Acceptable) See the Register of See the Reg	Suite, Apt. #, etc.		Out to the second of the secon			CHECK HERE IF MAKING CHANGES					
Country Cou	City & State		City & State H. Lauderdale, Fle		Florida	4. FEI Number Applied F 52-72タフク 47					\exists
GRAHAM, MAURICE S SECON WIN 15TH ST. #7 LAUDERHILL FL 33313 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 this State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in this State of Florida. I am tamiliar with, and accept the obligations of registered agent and its # lapticate. City FL Zip Code	Zip		33312					. /	\$5.00 A	dditional	3
GRAHAM, MAURICE S Stoom With 15th ST. 47 LAUDERHILL FL 33313 City FL Zip Code a. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligation of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligation of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligation of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligation of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligation of registered agent, or both, in the State of Florida. I am termillar with, and accept the obligation of Floridar specified of Floridar agent, or both, in the State of Floridar agent, or		6. Name and Address of Current F	Registered Agent			7. Name a	nd Address of New R	egistered .			7
B. 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. Common	5600 NW 15TH ST. #7										
SIGNATURE Signature, hybrid or printed name of ingestered agent and side a applicable. INCITE Angistered Apent signature inquires viron instituting) DATE					•			FL			
TITLE MGRM GRAHAM, MAURICE S STREET ADDRESS CITY-ST-ZIP TITLE MGRM GRAHAM, DAWN STREET ADDRESS CITY-ST-ZIP TITLE MARE STREET ADDRESS CITY-ST-ZIP TITLE MARE MGRM GRAHAM, DAWN STREET ADDRESS CITY-ST-ZIP TITLE MARE MGRM GRAHAM, DAWN STREET ADDRESS CITY-ST-ZIP TITLE MARE MGRM GRAHAM, DAWN STREET ADDRESS CITY-ST-ZIP TITLE MARE MARE MARE MARE MRET ADDRESS CITY-ST-ZIP TITLE MARE MARE MRET ADDRESS CITY-ST-ZIP TITLE MARE MRET ADDRE	SIGNATURE	Signature, typed or printed name of registered agent an	FILE NO Make Check Payable	Will F	EE IS \$50.00 orida Department			DATE			
ITITE MAME GRAHAM, MAURICE S STRET ADDRESS S	9.	MANAGING MEMBER	i				ADDITIONS (CHANGES			1
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NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	NAME Street address City-St-Zip	GRAHAM, DAWN 5600 NW 15TH ST. #7	☐ Delote	NAME STREE	T ADDRESS				***	☐ Addition	SRS
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AME AME TREET ADDRESS TTY-ST-ZIP CITY-ST-ZIP CHange Addition Addition	TREET ADDRESS		□ Delete	name Street					☐ Change	☐ Addition	
7. I DOYONG cortify that the information will be information with the information of the cortification of the cort	AME TREET ADDRESS ITY-ST-ZIP	·		NAME STREET. CITY-SI	r-ZIP	,			-		