

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2003 8:00 am
Secretary of State

04-17-2003 90025 005 ****50.00

DOCUMENT # I020000027469

1. Entity Name

Sibley's Solutions LLC



DO NOT WRITE IN THIS SPACE

44005017

2. Principal Place of Business

1315 SE Cambridge Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Saint Lucie, FL

City & State

4. FEI Number

76-0716858

Applied For

Not Applicable

Zip

34952

Country

Saint Lucie

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Karol L Sibley

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

1315 SE Cambridge Drive

City Port Saint Lucie

FL

Zip Code
34952

**DO NOT WRITE
IN THIS SPACE**

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

Karol L Sibley

Signature, typed or printed name of registered agent and title if applicable

6/23/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Managing Member
Karol L Sibley 1315 SE Cambridge Drive Port
St Lucie, FL 34952

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Managing Member
Sheldon H Sibley 1315 SE Cambridge Dr Port
St Lucie, FL 34952

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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:

Karol L Sibley KAROL L SIBLEY

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

6/23/03

DATE

Daytime Phone #

CR2E083B (12/02)

Attachment

44005017
#LD2000027469

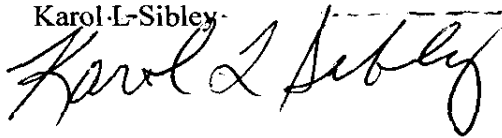
Monday, June 23, 2003

Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Enclose are changes and updates to Sibley's Solutions LLC for this year. Fees were paid on line at Sunbiz.org. Please note my email address for future reference if needed.
ssibley@adelphia.net. Phone 772-337-3309

Thank You,

Karol-L-Sibley

A handwritten signature in cursive script, appearing to read "Karol L Sibley", written over a horizontal dashed line.