

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

04-30-2003 90193 001 ****50.00

DOCUMENT # L02000027755

1. Entity Name

SOLUTION RESOURCE MANAGEMENT LLC



Principal Place of Business

8297 CHAMPIONSGATE BLVD., #301
CHAMPIONSGATE FL 33896

Mailing Address

8297 CHAMPIONSGATE BLVD., #301
CHAMPIONSGATE FL 33896

44004470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

STAFFORD, COLIN
754 RIGGS CIRCLE
DAVENPORT FL 33897

Name

STAFFORD, COLIN

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

135 WOODPECKER COURT

City

DAVENPORT

FL

Zip Code

33837

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

Colin Stafford

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

(NOTE: Registered Agent signature required when reissuing)

DATE

4/26/2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Colin Stafford

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

4/26/2003

Date

863-420-9713

Daytime Phone #

CFR2E083 (10/02)

Attachment#

44 004470

135 Woodpecker Court
Davenport
Florida 33837
Tel: 863-420-9713

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee
Florida 32314

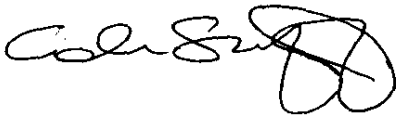
June 3rd, 2003

Dear Sirs

Ref. No. **L02000027755 - Solution Resource Management Inc**

Thank you for your letter of May 13th and as requested, enclosed is the copy of the Uniform Business Report you forwarded, with the appropriate box checked. Please let me know if you require any further information.

Yours faithfully



Colin Stafford