

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-30-2003 90188 009 ****50.00

DOCUMENT # L02000030503

1. Entity Name

RAPID HOME SOLUTIONS, LLC



Principal Place of Business

5163 CHARDONNAY DR.
CORAL SPRINGS FL 33067
US

Mailing Address

5163 CHARDONNAY DR.
CORAL SPRINGS FL 33067
US

44002234

2. Principal Place of Business

4630 North University Dr
Suite, Apt. #, etc.
446

3. Mailing Address

4630 North University Dr
Suite, Apt. #, etc.
Suite 446

☒ CHECK HERE IF MAKING CHANGES

City & State

CORAL SPRINGS, FL
Zip 33067 Country SPAIN

City & State

CORAL SPRINGS, FL
Zip 33067 Country SPAIN

4. FEI Number

43-1983421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, WAYNE
5163 CHARDONNAY DR.
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

WAYNE SHAPIRO

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

4630 North University Dr. Suite 446

City

CORAL SPRINGS

FL

Zip Code

33067

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

4/26/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Wayne Shapiro CORAL SPRINGS, FL 33067
4630 N. UNIVERSITY DR #446

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10. ADDITIONS/CHANGES

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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:

SIGNATURE REQUIRED

4/26/03

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

Date

Daytime Phone #

CR2083 (10/02)