

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90099 031 ****55.00

DOCUMENT # L03000000009

1. Entity Name

ESTATE PROPERTY SOLUTIONS, L.L.C.



Principal Place of Business

13060 52ND PL S
LAKE WORTH FL 33467

Mailing Address

10583 LAKE SHORE DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

13060 52nd Pl. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Worth FL 33467

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

68-0535485

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

KRISE, RONALD L JR
10583 LAKE SHORE DRIVE
WELLINGTON FL 33414

Name

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

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 the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald L. Krise Jr.

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

2-3-04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	S	<input type="checkbox"/> Delete
NAME	KRISE, LISA	
STREET ADDRESS	10583 LAKE SHORE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	President	<input type="checkbox"/> Delete
NAME	Ronald L. Krise Jr.	
STREET ADDRESS	10583 Lake Shore Dr.	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Lisa L. Krise*

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

Feb. 3, 2004

Date

521-436-9410

Daytime Phone #