2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000013383



1. Entity Name METAMOR ENTERPRISE SOLUTIONS, LLC Principal Place of Business Mailing Address

SIGNATURE: W. C. MURTHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED									
Mar	23.	2004	8:00	am					
		ry of							

03-23-2004 90071 004 ****50.00

Date

			2180 WEST STATE R LONGWOOD FL 327	80 WEST STATE ROAD 434 #2104 NGWOOD FL 32779								
2. Principal P	cipal Place of Business 3. Mailing Addres		3. Mailing Address	ress		-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE	CR	2E083	(11/03)			
City & State	е			City & State			4. FEI Nur	nber 3658	93	2		oplied For of Applicable
Zip		Country		Zip Country				ate of Status Desired		7 \$	55.00 Add	ditional
	6. Name	and Address of	Current Reg	gistered Agent			7. Name a	ind Address of Nev	v Regist	ered A	gent	
·	~				•	Name						
MURTHY, NC 2180 WEST STATE ROAD 434 #2104 LONGWOOD FL 32779												
					Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Code	e
	named entitions of regis		ement for th	e purpose of changing it	s,registe	red office or regi	istered agent, or	both, in the State of	Florida.		 ımiliar with,	and accept
lile obligat	uons or regis	itereti agerit,									•	
SIGNATURE .	Signature, tupos	d or printed name of regist	ared soonlend t	uto di postigonto. (Atr	TE: Panistar	and Acord pignoture com	quired when reinstating)		•	DATE		
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				FILE N Make Check Paya	IOW!!! ble to F	FEE IS \$50.0	00	poper of the control				
9.		MANAGING	MEMBERS	/MANAGERS	10	•	unewake semi-us provider	ADDITION	NS/CHA	NGES		,
ļ	1	T STATE ROAD	434 #2104	☐ Delete		ME REET ADDRESS					☐ Change	☐ Addition
CITY-ST-ZIP	LONGWO	OD FL 32779			CIT	Y-ST-ZIP						
TITLE	MGR			☐ Delete	TIT	LE					Change	Addition
NAME		RAGHUVEER			NA	ME						
STREET ADDRESS	18350 MT	. LANGLEY #101			STE	REET ADDRESS						
CITY-ST-ZIP	FOUNTAI	N VALLEY CA 92	2708		CIT	Y-ST-ZIP						
TITLE				☐ Delete	TIT	LE					☐ Change	Addition
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CITY-ST-ZIP					CIT	Y-ST-ZIP						
TITLE				☐ Delete	TIT	LE .					☐ Change	Addition
NAME	1				NA	ME					— .*	_
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CITY-ST-ZIP						Y-ST-ZIP						
11. I berehv	certify that th	ne information sucr	lied with thi	s filing does not qualify t	or the ev	emption stated in	n Section 119 07	(3)(i). Florida Statute	es. I furth	ner certi	fy that the i	nformation
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.												