

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

6/24

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-24-2004 90001 002 ****50.00

DOCUMENT # L03000013947

1. Entity Name

Xtreme Real Estate Solutions LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

402 Fleming Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ormond Beach FL

City & State

Zip

32174

Country

U.S.A

Zip

Country

4. FEI Number

20-0187049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

David Cranston

Street Address (P.O. Box Numbers Not Acceptable)

22 Ethel Ln

City

Palm Coast FL

FL

Zip Code

32164

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

David B. Cranston

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
CO-MANAGER
JOHN D. Guillemette
402 Fleming Ave
Ormond Beach FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CO-MANAGER
David B. Cranston
22 Ethel Ln
Palm Coast FL 32164

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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:

David B. Cranston

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

6/11/04 336-453-4027

Date

Daytime Phone #

CR2E083B (12/02)