

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-04-2004 90234 027 *****5.00
03-15-2004 90433 030 *****45.00

DOCUMENT # L03000021049 1. Entity Name EXECUTIVE SOLUTIONS LLC																					
Principal Place of Business 1500 CORPORATE CENTER WAY, STE. 202 WELLINGTON FL 33434				Mailing Address 1500 CORPORATE CENTER WAY, STE. 202 WELLINGTON FL 33434																	
2. Principal Place of Business 1500 Corporate Center Way Suite, Apt. #, etc. 202-D City & State Wellington Florida Zip 33414		3. Mailing Address Suite, Apt. #, etc. 202-D City & State Wellington Florida Zip 33414		 MOORE CR2E083 (11/03)																	
4. FEI Number 35-2207620		Applied For ☒ Not Applicable																			
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent TEEPLE, WILLIAM W 1500 CORPORATE CENTER WAY, STE. 202 WELLINGTON FL 33434				7. Name and Address of New Registered Agent 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 <i>William W. Teeple</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>Jan 29 2004</i>																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1 2004																					
9. MANAGING MEMBERS/MANAGERS																					
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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: <i>William W. Teeple</i> 1/29/04 561-793-2730 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																					