

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90281 044 ****50.00

DOCUMENT # L03000030573

1. Entity Name
JANUS BUSINESS SOLUTIONS, LLC



Principal Place of Business
**5226 NW 119TH STREET
GAINESVILLE, FL 32653**

Mailing Address
**PO BOX 357117
GAINESVILLE, FL 32635-7117**

2. Principal Place of Business

NO CHANGE

Suite, Apt. #, etc.

3. Mailing Address

5226 NW 119TH ST

Suite, Apt. #, etc.



02282005 Chg-LLC CR2E083 (10/03)

City & State

City & State
GAINESVILLE FL

4. FEI Number
86-1078620

Applied For
Not Applicable

Zip

Country

Zip

Country

32653

ALACHUA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILDERBRAND, LINDA P
5226 NW 119TH STREET
GAINESVILLE, FL 32653**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HILDERBRAND, HARVEY C VP
5200 NW 43RD ST SUITE 102-335
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HILDERBRAND, LINDA P PRESIDE
5200 NW 43RD ST SUITE 102-335
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**5226 NW 119TH ST
GAINESVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**5226 NW 119TH ST
GAINESVILLE FL 32653**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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: *Harvey Hilderbrand* **HARVEY C HILDERBRAND** **4/6/05** **352-331 1583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #