

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90063 014 ****50.00

DOCUMENT # L03000047365

1. Entity Name
VERITAS SOLUTIONS, L.L.C.



Principal Place of Business
10854 N KENDALL DR
404
MIAMI, FL 33176

Mailing Address
10854 N KENDALL DR
404
MIAMI, FL 33176

2. Principal Place of Business
10854 S.W. 88th St.

3. Mailing Address
10854 S.W. 88th St.

Suite, Apt. #, etc.
Unit 404

Suite, Apt. #, etc.
Unit 404

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip Country
33176 USA

Zip Country
33176 USA

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0418477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, RICHARD
10854 N KENDALL DR
404
MIAMI, FL 33176

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ANDERSON, RICHARD
STREET ADDRESS 10854 N KENDALL DR #404
CITY-ST-ZIP MIAMI, FL 33176

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Richard Anderson

4/23/04 305-494-5942

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

Date

Daytime Phone #