

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000072599

1. Entity Name

FOR ENERGY SOLUTIONS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:23

Principal Place of Business

16 NE 4TH STREET
SUITE 110
FORT LAUDERDALE FL 33301
US

Mailing Address

16 NE 4TH STREET
SUITE 110
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

~~Fort Lauderdale~~

3. Mailing Address

16 NE 4TH STREET

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

33301

Country

USA

Zip

33301

Country

USA

QSS

2nd MOORE

CR2E083 (5/05)



4. FEI Number

52-2451461

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENG, HANS R
16 NE 4TH STREET
FORT LAUDERDALE FL 33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ENG, HANS R
STREET ADDRESS 16 NE 4TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME President
STREET ADDRESS Norbert Kruger
CITY-ST-ZIP 16 NE 4TH STREET
Fort Lauderdale FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500060227225
CITY-ST-ZIP 10/04/05--01078--010 **\$55.00

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

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STREET ADDRESS
CITY-ST-ZIP

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:

09-07-05 579-2089