

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90380 007 \*\*\*\*55.00

**DOCUMENT # L04000073417**

1. Entity Name  
**COMPUTERIZED BUSINESS SOLUTIONS, LIMITED CO.**



Principal Place of Business  
**11263 LAKELAND CIRCLE  
FORT MYERS, FL 33913-6923 US**

Mailing Address  
**11263 LAKELAND CIRCLE  
FORT MYERS, FL 33913-6923 US**

**20022094**



03102005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1754590** Applied For  
Not Applicable

6. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SALDANA, DAVID E  
11263 LAKELAND CIRCLE  
FORT MYERS, FL 33913-6923**

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**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SALDANA, DAVID E  
11263 LAKELAND CIRCLE  
FORT MYERS, FL 339136923** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SALDANA, HUSNIYE K  
11263 LAKELAND CIRCLE  
FORT MYERS, FL 339136923** ☐ Delete

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

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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**

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

**03/12/2005 239-931-4723**

Date Daytime Phone #