

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90205 050 ****55.00

DOCUMENT # L06000022929

1. Entity Name
REALISTIC SOLUTIONS LLC



Principal Place of Business
**4914 9TH STREET
ZEPHYRHILLS, FL 33542**

Mailing Address
**4914 9TH STREET
ZEPHYRHILLS, FL 33542**



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4592824** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RUSSELL C
4914 9TH STREET
ZEPHYRHILLS, FL 33542**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Foreman** ☐ Delete
NAME **Russ Smith**
STREET ADDRESS **4914 9th Street**
CITY-ST-ZIP **Zephyrhills FL 33540**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Russell C Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-4-07 (813) 312-5321
Date Daytime Phone #

ATTACHMENT

20000002
LC 6000622929

BACS



**BAY AREA
COMMUTER
SERVICES**

The Towers at Westshore
1408 North Westshore Boulevard
Suite 704

Tampa, Florida 33607

Phone: (813) 282-8200

Fax: (813) 282-8700

(800) 998-RIDE (7433)

E-mail: TampaBayRideshare@atlantic.net

www.TampaBayRideshare.org

send

Please
Certificate
of
Status.

Thank
you!