

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State

5/9

05-09-2007 90034 010 ****50.00

DOCUMENT # L06000057718 1. Entity Name SLENDER SOLUTIONS, LLC					
Principal Place of Business 4204 S. FLORIDA AVE. SUITE #H LAKELAND FL 33813 US			Mailing Address 4204 S. FLORIDA AVE. SUITE #H LAKELAND FL 33813 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5005093	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JENSEN, SHERRYL 4409 SELKIRK LANE W LAKELAND FL 33813				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 re-registering) DATE: _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JENSEN, SHERRYL 4409 SELKIRK LANE W LAKELAND FL 33813	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Sherryl Jensen</u> 4/27/07 863-607-4202 SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					