

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90045 043 ****50.00

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DOCUMENT # L96000000894

1. Entity Name

AAA BUSINESS SOLUTIONS, L.C.



Principal Place of Business

**3124 SHANNON LAKES N
TALLAHASSEE FL 32309**

Mailing Address

**PO BOX 13327
TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3395770**

Applied For

Not Applicable

5. 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

**BROOKS, JAMES LONDON
3221 CRANLEIGH DRIVE
TALLAHASSEE FL 32308**

Name **BROOKS, JAMES LONDON**

Street Address (P.O. Box Number is Not Acceptable)

3124 Shannon Lakes, North

City **Tallahassee**

FL

Zip Code **32309**

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 fee 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BROOKS, JAMES LONDON**
STREET ADDRESS **3221 CRANLEIGH DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BROOKS, JAMES LONDON**
STREET ADDRESS **3124 Shannon Lakes, North**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE **MGR** ☐ Delete
NAME **BROOKS, KATHY**
STREET ADDRESS **3221 CRANLEIGH DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BROOKS, KATHLEEN GIFFEN**
STREET ADDRESS **3124 Shannon Lakes, North**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

James J. Brooks

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

5/1/03

Date

850-893-3100

Daytime Phone #

CR2E083 (10/02)