**File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 25 PM 3:39

| **FILING FEE** | **Annual Report $100.00 + $88.75 Corporation Supplemental Fee** |
|---|---|
| **$ 188.75** | **Make Check Payable To: FLORIDA DEPARTMENT OF STATE** |

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT #** L97000000494

CAPITAL SOLUTIONS & FACTORING, L.C.
8280 COLLEGE PKY., #204
FT. MYERS FL 33919

1a. Principal Place of Business Address

8280 COLLEGE PKY., #204
FT. MYERS FL 33919

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

3. Date Organized or Qualified: 04/21/1997
3a. State of Formation: FL
4. FEI Number: 65-0750559 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
1375 JACKSON ST., STE. 202
FT. MYERS FL 33901

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
700002468347--9
-03/25/98--01092--005
Suite, Apt. #, etc.
****188.75 ****188.75
City
FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| MEM | WEIL, CARLOS | 16745 PHEASANT CT. | FT. MYERS FL |
| MEM | SIMKO, PABLO | 16551 HERON COACHWAY, #302 | FT. MYERS FL |

OR 3-23

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #