File on or before May 1, 1999 or Limited Liability Company will be *subject to a $ 400.00 LATE FEE.*

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
APR 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	3a. State of Formation
04/21/1997	FL

4. FEI Number: 65-0750559 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 03/20/1998

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)

Suite, Apt. #, etc

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) (If this Registered Agent is signing for a Limited Liability Company)

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

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****188.75 ****188.75

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: _____ 4/23/99 277-5810
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER) (DATE) (DAYTIME PHONE #)

INHSE10 R (12-98)