

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000494

1. Entity Name
CAPITAL SOLUTIONS & FACTORING, L.C.



Principal Place of Business
**12751 WORLD PLAZA LN
FT. MYERS, FL 33907**

Mailing Address
**12751 WORLD PLAZA LN
FT. MYERS, FL 33907**

DO NOT WRITE IN THIS SPACE



07142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0750559

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

000000163612

08/09/04-80003-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
WEIL, CARLOS
7250 HEAVEN LANE
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
SIMKO, PABLO
16918 TIMBERLAKES DR.
FT. MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

DATE

Daytime Phone #

8/5/04