

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000005655**1. Entity Name  
GEOTECHNICAL SOFTWARE SOLUTIONS, LLC

Principal Place of Business 18671 COLLINS AVE., #1003  SUNNY ISLES FL 3316	Mailing Address P.O. BOX 802401  AVENTURA FL 332802401
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2. Principal Place of Business  
18671 COLLINS AVE., #1003

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SUNNY ISLES FL

City &amp; State

4. FEI Number  
65-0943825Applied For  
Not ApplicableZip  
33160

Country

Zip

Country

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

PREZZI MONICA  
18671 COLLINS AVE., #1003

SUNNY ISLES FL 3316 US

Name  
PREZZI MONICAStreet Address (P.O. Box Number is Not Acceptable)  
18671 COLLINS AVE., #1003City  
SUNNY ISLES FL Zip Code  
33160

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.

SIGNATURE \_\_\_\_\_ DATE **05/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAZ JANICE V 207 MYRTLE DRIVE WEST LAFAYETTE IN 47906	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREZZI MONICA 18671 COLLINS AVE., #1003 SUNNY ISLES FL 3316	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREZZI MONICA 18671 COLLINS AVE., #1003 SUNNY ISLES FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Janice Thomaz Ms. 05/10/2001

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

Date

Daytime Phone #

CR2E083 (11/00)