

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90278 034 ****50.00

DOCUMENT # L99000007491

1. Entity Name

EXCLUSIVE SOLUTIONS, L.L.C.

Principal Place of Business

**55 WESTON RD. SUITE 322
 SUNRISE FL 33326**

Mailing Address

**55 WESTON RD. SUITE 322
 SUNRISE FL 33326**

000067

2. Principal Place of Business

**1580 Sawgrass Corporate Parkway
 Suite 130**

3. Mailing Address

1123 Chinaberry Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Fl.

City & State

Weston, Fl.

4. FEI Number

65-0960093

Applied For

Not Applicable

Zip

33323

Country

Zip

33327

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, RAUL
 1123 CHINBERRY DRIVE
 WESTON FL 33327**

7. Name and Address of New Registered Agent

Name

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

Chinaberry

City

FL

Zip Code

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **SANCHEZ, RAUL H**
 CITY-ST-ZIP **1123 CHINABERRY DR.
 WESTON FL 33327**

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **HOLGUIN, MARIA L**
 CITY-ST-ZIP **1123 CHINABERRY DR.
 WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

01/10/02

(954) 384-4870

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

Date

Daytime Phone #

CR2E083 (9/01)