

2001 UNIFORM BUSINESS REPORT (UBR)

0015946 AF

DOCUMENT # L99000008703

1. Entity Name
REAL LIFE SOLUTIONS, L.C.

FILED

01 APR 25 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
277 ROYAL POINCIANA WAY
STE 217
PALM BEACH FL 33480

Mailing Address
277 ROYAL POINCIANA WAY
STE 217
PALM BEACH FL 33480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0967517

Applied For
Not Applicable

Zip 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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM DEBERARDINIS, PHILIP ☒ Delete
STREET ADDRESS 9081 AFFIRMED LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME MGRM IAN RIDDINGTON ☐ Change ☒ Addition
STREET ADDRESS 418 BEACH CURVE
CITY-ST-ZIP HYPOLEXO ISLAND, FL 33462

TITLE NAME MGRM DEBERARDINIS, SANDRA ☒ Delete
STREET ADDRESS 9081 AFFIRMED LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME MGRM JO-ANNE AHERNE ☐ Change ☒ Addition
STREET ADDRESS 418 BEACH CURVE
CITY-ST-ZIP HYPOLEXO ISLAND FL 33462

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 600004163746 ☐ Change ☐ Addition
STREET ADDRESS -05/08/01--01147--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature: Ian Riddington 4/19/01 561 5858835

CR2E083 (11/00)