LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT # L9900009330 1. Entity Name				04-10-2002 90017 049 ****50.00
роск	SIDE SOLUTIONS,	LLC	J	
·	DO NOT WRITE	IN THIS SE		
i	DO NOT WRITE	IN THIS SE	AUL	93710
2. Principal P	lace of Business lantation Court	3. Mailing Address 730 Planta	tion Court	
		Suite, Apt. #, etc.	CION COUL	DO NOT WRITE IN THIS SPACE
City & State	°Island, Fl	City & State M.a.	rco Island	4. FEI Number Applied For
Zip341		7in	Country	1, F1. 59-3622389 Not Applicable 5. Certificate of Status Desired \$5.00 Additional
341	45 USA	34145	USA	Fee Required
المتداوليين ويعتب مصيب الدارو	DO ALOT W		Name Cr	aig R. Woodward, Esq.
Street Address (F				ss (RO. Box Number is Not Acceptable). OOdward, Pires & Lombardo, P.A.
	IN THIS SP	ACE	:	6 Bald Eagle Drive, Suite 500
•	ts.	•	City Ma	rco Island FL 34145
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. DATE				
// //-		E	EE IS \$50.00	
			yable to Departmen UE BY MAY 1	it of State
9. MANAGING MEMBERS/MANAGERS				444
TITLE	Manager		TITLE	
NAME STREET ADDRESS	Emilia C. Jeffri		NAME STREET ADDRESS	;
CITY-ST-ZIP	730 Plantation C Marco Island, Fl		CITY+ST-ZIP	+
TITLE NAME	Marco Island, Fi	34143	TITLE	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME			TITLE =	
STREET ADDRESS			STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP			- FCHY-SI-ZP	
TITLE NAME			TITLE NAME	IN THIS SPACE
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			City-St-zip	
TITLE NAME			TITLE NAME	·
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			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.				