M01000002331

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002331

1. Entity Name

Esquire Solutions, LLC

FILED
03 JUN 20 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 1

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
25A Vreeland Rd.		25A Vreeland Rd.	
Suite, Apt. #, etc. Ste. 200		Suite, Apt. #, etc. Ste. 200	
City & State Florham Park, NJ		City & State Florham Park, NJ	
Zip 07932	Country USA	Zip 07932	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3819382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.

City: Tallahassee FL Zip Code: 32301

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	The Hobart West Group, Inc.	NAME	
STREET ADDRESS	25A Vreeland Rd., Ste. 200	STREET ADDRESS	
CITY-ST-ZIP	Florham Park, NJ 07932	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE	REINSTATEMENT 2002-2003	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	900021040179
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/02)

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: ______ Kenneth Thorn 6/18/03 973-377-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 138721 7142536

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ ~~55.00~~ 205.00

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03 JUN 20 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 19, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 138721-005

CUSTOMER NO: 7142536

CUSTOMER: Michael Jarvis, Esq
The Hobart West Group, Inc.
25a Vreeland Road
Suite #103
Florham Park, NJ 07932

RECEIVED
03 JUN 20 AM 11:56
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: ESQUIRE SOLUTIONS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____