

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000110

1. Entity Name

SOLOCO, L.L.C.

FILED

00 JAN 19 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3850 NORTH CAUSEWAY BLVD., SUITE 1770  
METAIRIE LA 70002

Mailing Address

3850 NORTH CAUSEWAY BLVD., SUITE 1770  
METAIRIE LA 70002-8181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1286785

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ Delete  
NAME MGR  
STREET ADDRESS LATIOLAIS, RONALD  
CITY-ST-ZIP 3850 N. CAUSEWAY, SUITE 1770  
METAIRIE LA 70002

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6000003111726--4  
-01/26/00--01000000  
\*\*\*200.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS COLE, JAMES D  
CITY-ST-ZIP 3850 N. CAUSEWAY, SUITE 1770  
METAIRIE LA 70002

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

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS BALLANTINE, WM. THOMAS  
CITY-ST-ZIP 3850 NORTH CAUSEWAY BLVD., SUITE 1770  
METAIRIE LA 70002

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

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS HARDEY, MATTHEW W  
CITY-ST-ZIP 3850 NORTH CAUSEWAY BLVD., SUITE 1770  
METAIRIE LA 70002

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

TITLE ☐ Delete  
NAME MGR  
STREET ADDRESS KEATING, EDAH  
CITY-ST-ZIP 3850 NORTH CAUSEWAY BLVD., SUITE 1770  
METAIRIE LA 70002

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/10/2000 (504) 838-8222