

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000235

1. Entity Name
INTERNATIONAL RESOLUTIONS L.L.C.

Principal Place of Business
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG FL 33702

Mailing Address
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG FL 33702

2. Principal Place of Business

7901 4th St N
Suite, Apt. #, etc.
Suite 203

3. Mailing Address

7901 4th St N
Suite, Apt. #, etc.
Suite 203

City & State
St. Petersburg FL
Zip
33702
Country
USA

City & State
St. Petersburg, FL
Zip
33702
Country
USA

4. FEI Number 59-3381104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BALKAN, THOMAS J
7901 4TH STREET NORTH, SUITE 203
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

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

600003995896--6
-04/13/01--01009--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALL, KARL J 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, JOSEPH W 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM READ, WAYNE A JR. 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINKING, LINDA L 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALKAN, THOMAS J 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND, EDWARD J 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD M. NEWTON 7901 4TH STREET NORTH, SER 203 ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

THOMAS J. BALKAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/19/01 727-577-3771x208

CR2E083 (11/00)

FILED
01 APR -4 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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