

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90213 012 ****50.00

DOCUMENT # M97000000406

1. Entity Name
BRIDGEVIEW CAPITAL SOLUTIONS, L.L.C.



Principal Place of Business
NORTH TOWER
3353 PEACHTREE ROAD, N.E., STE. 1130
ATLANTA, GA 30326

Mailing Address
NORTH TOWER
3353 PEACHTREE ROAD, N.E., STE. 1130
ATLANTA, GA 30326

20031689



2. Principal Place of Business

3. Mailing Address

5881 Glenridge Dr NE

5881 Glenridge Dr NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130

130

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30328

Country
USA

Zip
30328

Country
USA

03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2322582

Applied For
Not Applicable

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 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SEIMETZ, JOHN
3353 PEACHTREE RD, NE, STE 1130
ATLANTA, GA 30326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5881 Glenridge Dr, NE, Ste 130
Atlanta, GA 30328 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOHN Seimetz President 3-30-05

404-267-1177