

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M97000000406 1. Entity Name BRIDGEVIEW CAPITAL SOLUTIONS, L.L.C.	
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Principal Place of Business 5881 GLENRIDGE DR NE ATLANTA, GA 30328 US	Mailing Address 5881 GLENRIDGE DR NE SUITE 130 ATLANTA, GA 30328 US
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DO NOT WRITE IN THIS SPACE



01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2322582	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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

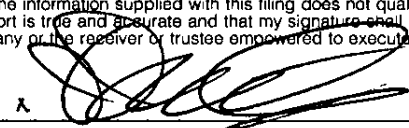
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEIMETZ, JOHN 5881 GLENRIDGE DR NE., STE 130 ATLANTA, GA 30328
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U000000814531
02/13/08-80048-004 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **John Seimetz** **1/24/08** **404-267-1177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #