

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

00689596

DOCUMENT # M99000001970

1. Entity Name

**THE RESOURCE GROUP - SERVICE SOLUTION SPECIALIST
S, LLC**



04-28-2003 90097 041 ****50.00

Principal Place of Business

Mailing Address

1005 VIRGINIA DR., #200
FORT WASHINGTON PA 19034

1005 VIRGINIA DR., #200
FORT WASHINGTON PA 19034

2. Principal Place of Business

220 W. GERMANTOWN PIKE

3. Mailing Address

220 W. GERMANTOWN PIKE

Suite, Apt. #, etc.

SUITE 250

Suite, Apt. #, etc.

SUITE 250

City & State

PLYMOUTH MEETING PA

City & State

PLYMOUTH MEETING PA

Zip

19462

Country

USA

Zip

19462

Country

USA

4. FEI Number **23-3012713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

4-20-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BARNETT, STEPHEN
1112 ASHTON ROAD
WYNNEWOOD PA 19096** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LEVY, IRA
111 EAST 85TH STREET
NEW YORK NY 10028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

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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 REQUIRED

4-20-03

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

Date

Daytime Phone #

CR2E083 (10/02)