

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Aug 06, 2005  
Secretary of State

DOCUMENT# L02000022442

Entity Name: CPE SOLUTIONS, LLC

**Current Principal Place of Business:**

5956 JAEGER GLEN DRIVE  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

5956 JAEGER GLEN DRIVE  
LITHIA, FL 33547 US

**New Mailing Address:**

FEI Number: 22-3881916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JENIFER, FINGER N  
5956 JAEGERGLEN DRIVE  
LITHIA, FL 33547 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FINGER, DEREK  
Address: 5956 JAEGERGLEN DR  
City-St-Zip: LITHIA, FL 33547

Title: MGRM ( ) Delete  
Name: GUIDO, HEATH  
Address: 5006 WHISPERING LEAF TRAIL  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEREK FINGER

MGRM

08/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date