

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042164

Entity Name: SOLAR SOLUTIONZ, LLC

FILED
Mar 09, 2005
Secretary of State

Current Principal Place of Business:

6048 SAND KEY LANE
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

16911 ROLLING ROCK DRIVE
TAMPA, FL 33618

Current Mailing Address:

6048 SAND KEY LANE
WESLEY CHAPEL, FL 33544

New Mailing Address:

16911 ROLLING ROCK DRIVE
TAMPA, FL 33618

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORE, GARY
6048 SAND KEY LANE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

GORE, GARY
16911 ROLLING ROCK DRIVE
TAMPA, FL 33618 US

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: GARY GORE

03/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GORE, GARY
Address: 6048 SAND KEY LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM () Delete
Name: GORE, ELIZABETH
Address: 6048 SAND KEY LANE
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GORE, GARY
Address: 16911 ROLLING ROCK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGRM (X) Change () Addition
Name: GORE, ELIZABETH
Address: 16911 ROLLING ROCK DRIVE
City-St-Zip: TAMPA, FL 33618

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: ELIZABETH GORE

MGRM

03/09/2005

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