

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121041

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** TRUST ONE SOLUTIONS, LLC

**Current Principal Place of Business:**

1901 WEST BAY DRIVE  
SUITE 17-214  
LARGO, FL 33770 US

**New Principal Place of Business:**

4500 140TH AVE N  
SUITE 101  
CLEARWATER, FL 33762 US

**Current Mailing Address:**

1901 WEST BAY DRIVE  
SUITE 17-214  
LARGO, FL 33770 US

**New Mailing Address:**

4500 140TH AVE N  
SUITE 101  
CLEARWATER, FL 33762 US

**FEI Number:** 14-1991943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DYESS JONES & ASSOCIATES  
409 S OLD DIXIE HWY  
LADY LAKE, FL 32159 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  
Name: DEKKER, LAUREL A  
Address: 4500 140TH AVE N, SUITE 101  
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGRM  
Name: OCEAN, OCEAN  
Address: 4500 140TH AVE N, SUITE 101  
City-St-Zip: CLEARWATER, FL 33762 US

I hereby 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: LAUREL DEKKER

MGRM

04/19/2012

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