

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000104967

**Entity Name:** 3RD PARTY SOLUTIONS, INC.

**Current Principal Place of Business:**

4113 W LEILA AVE  
TAMPA, FL 33616

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC7692729467**

**Current Mailing Address:**

4113 W LEILA AVE  
TAMPA, FL 33616

**FEI Number:** 20-3208910

**Certificate of Status Desired:** No

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

ADAIR, JAMES  
4113 W LEILA AVE  
TAMPA, FL 33616 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DPST	Title	DT
Name	ADAIR, JAMES	Name	ADAIR, CARLY
Address	4113 W. LEILA AVE	Address	4113 W LEILA AVE
City-State-Zip:	TAMPA FL 33616	City-State-Zip:	TAMPA FL 33616

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES ADAIR

**DPST**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date