

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102187

**Entity Name:** ISB SOLUTIONS, LLC

**Current Principal Place of Business:**

570 INVERNESS AVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

570 INVERNESS AVE  
MELBOURNE, FL 32940

**FEI Number:** 27-3538773

**Certificate of Status Desired:** No

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

BURNS, IMOGENE  
570 INVERNESS AVE  
MELBOURNE, FL 32940 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

**Authorized Person(s) Detail :**

Title            MGR  
Name            BURNS, IMOGENE  
Address        570 INVERNESS AVE  
City-State-Zip: MELBOURNE FL 32940

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IMOGENE BURNS

**SOLE MANAGER**

**02/07/2013**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date