

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168531

Entity Name: CAPITAL SOLUTIONS V, LLC

Current Principal Place of Business:

9995 GATE PARKWAY N SUITE 400
JACKSONVILLE, FL 32246

Current Mailing Address:

9995 GATE PARKWAY N SUITE400
JACKSONVILLE, FL 32246

FEI Number: 90-1034361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITAL SOLUTIONS IV, LLC
9995 GATE PARKWAY N SUITE400
JACKSONVILLE, FL 32246 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 MGRM
Name CAPITAL SOLUTIONS IV, LLC
Address 9995 GATE PARKWAY N SUITE 400
City-State-Zip: JACKSONVILLE FL 32246

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

SIGNATURE: TIM RITCH

MGRM

04/28/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date