2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# L00000005393

Entity Name: INFORMED SOLUTIONS, LLC

Current Principal Place of Business:

4828 BLANDING BLVD., SUITE 2
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4828 BLANDING BLVD., SUITE 2
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 52-2377540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGURRIN, JOSEPH J
4828 BLANDING BLVD., #2
JACKSONVILLE, FL 32210 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	( ) Delete
Name:	MCGURRIN, JOE	
Address:	4828 BLANDING BLVD #2	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGRM	(X) Delete
Name:	BATEH, MARK	
Address:	4828 BLANDING BLVD #2	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGR	(X) Delete
Name:	RATLIFF, WILLIAM	
Address:	4828 BLANDING BLVD #2	
City-St-Zip:	JACKSONVILLE, FL 32210	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH J MCGURRIN MGRM 02/23/2009

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