

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005393

**Entity Name:** INFORMED SOLUTIONS, LLC

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**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  
**Name:** MCGURRIN, JOE  
**Address:** 4828 BLANDING BLVD #2  
**City-St-Zip:** JACKSONVILLE, FL 32210

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:** JOSEPH MCGURRIN

MGRM

04/05/2010

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