

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001639

Entity Name: IT SOLUTIONS, LLC

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7035 PHILIPS HWY., SUITE 9  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

7035 PHILIPS HWY., SUITE 9  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3691767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORD, P. CAMPBELL  
1835 NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 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: HENSHAW, EDWARD  
Address: 5551 ALDEN BRIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

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: EDWARD HENSHAW

MGRM

04/04/2010

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