

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L02000029181

1. Entity Name
MANAGEMENT SOLUTIONS, LLC



Principal Place of Business
**715 SOUTH ROOKMERE RD.
TAMPA, FL 33609**

Mailing Address
**715 SOUTH ROOKMERE RD.
TAMPA, FL 33609**



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARWOOD, ROBERT
715 SOUTH ROOKMERE RD
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000760201
05/25/07-80003-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARWOOD, ROBERT B
715 SOUTH ROOKMERE RD
TAMPA, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Robert Harwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Date

727-524-1427

Daytime Phone #