

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029181

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

715 SOUTH ROOKMERE RD.  
TAMPA, FL 33609

**New Principal Place of Business:**

4914 LYFORD CAY ROAD  
TAMPA, FL 33629

**Current Mailing Address:**

715 SOUTH ROOKMERE RD.  
TAMPA, FL 33609

**New Mailing Address:**

4914 LYFORD CAY ROAD  
TAMPA, FL 33629

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

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

HARWOOD, ROBERT  
4914 LYFORD CAY ROAD  
TAMPA, FL 33629 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:

01/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARWOOD, ROBERT B  
Address: 4914 LYFORD CAY ROAD  
City-St-Zip: TAMPA, FL 33629

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: ROBERT HARWOOD

PRES

01/27/2010

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