

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003993

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** FINANCIAL & SYSTEMS SOLUTIONS, LLC

**Current Principal Place of Business:**

7007 FALCONS GLEN BLVD  
NAPLES, FL 34113

**New Principal Place of Business:**

6148 MANDALAY CIRCLE  
NAPLES, FL 34112

**Current Mailing Address:**

7007 FALCONS GLEN BLVD  
NAPLES, FL 34113

**New Mailing Address:**

6148 MANDALAY CIRCLE  
NAPLES, FL 34112

**FEI Number:** 02-0768041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, MICHAEL J  
7007 FALCONS GLEN BLVD  
NAPLES, FL 34113 US

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

MURPHY, MICHAEL J  
6148 MANDALAY CIRCLE  
NAPLES, FL 34112 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: \_\_\_\_\_

04/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MURPHY, BARBARA P  
Address: 6148 MANDALAY CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: MGRM  
Name: MURPHY, MICHAEL J  
Address: 6148 MANDALAY CIRCLE  
City-St-Zip: NAPLES, FL 34112

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: MICHAEL MURPHY

MGR

04/22/2010

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