

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016260

Entity Name: IDEAL SOLUTIONS LLC

FILED  
Feb 03, 2008  
Secretary of State

**Current Principal Place of Business:**

8527 125TH COURT NORTH  
SEMINOLE, FL 33776 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 RED CROWN  
MISSION VIEJO, CA 92692 US

**New Mailing Address:**

FEI Number: 16-1667768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STROBHAR, CYNTHIA J  
8527 125TH COURT NORTH  
SEMINOLE, FL 33776 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 ( ) Delete  
Name: FOUNTAIN, KELLY L  
Address: 11 RED CROWN  
City-St-Zip: MISSION VIEJO, CA 92692

Title: MGRM ( ) Delete  
Name: STROBHAR, CYNTHIA J  
Address: 8527 125TH COURT N  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KELLY L FOUNTAIN

MGRM

02/03/2008

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