

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016978

Entity Name: NEW SOLUTIONS GP, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1265 CREEKSIDE PARKWAY, SUITE 400  
NAPLES, FL 34108

## **New Principal Place of Business:**

9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

## **Current Mailing Address:**

1265 CREEKSIDE PARKWAY, SUITE 400  
NAPLES, FL 34108

## **New Mailing Address:**

9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109

FEI Number: 02-0691026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOOD, PHILLIP R  
1265 CREEKSIDE PARKWAY, SUITE 400  
NAPLES, FL 34108 US

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

WOOD, PHILLIP R  
9130 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 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:

04/21/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOHN R. WOOD, INC.  
Address: 9130 CORSEA DEL FONTANA WAY  
City-St-Zip: NAPLES, FL 34109

Title: MGR  
Name: DAVIS SOLUTIONS, INC.  
Address: 9130 CORSEA DEL FONTANA WAY  
City-St-Zip: NAPLES, FL 34109

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: PHILLIP R. WOOD

P

04/21/2011

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