

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042835

FILED
Jan 15, 2006
Secretary of State

Entity Name: ARPA LLC

Current Principal Place of Business:

7591 WEST 34 LN
HIALEAH, FL 33018

New Principal Place of Business:

421 SHELDON AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

7591 WEST 34 LN
HIALEAH, FL 33018

New Mailing Address:

421 SHELDON AVE
LEHIGH ACRES, FL 33936

FEI Number: 20-0412010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, AGUSTIN
7591 WEST 34 LN
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

RODRIGUEZ, ROSAMARY
421 SHELDON AVE
LEHIGH ACRES, FL 33936 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: ROSAMARY RODRIGUEZ

01/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, ROSAMARY
Address: 421 SHELDON AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGR () Delete
Name: SOLUTION MEDICAL SER, VICES, INC.
Address: 1150 LEE BLVD., STE 4
City-St-Zip: LEHIGH ACRES, FL 33936

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 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: ROSAMARY RODRIGUEZ

MGR

01/15/2006

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