

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042835

FILED
May 23, 2007
Secretary of State

Entity Name: ARPA LLC

Current Principal Place of Business:

421 SHELDON AVE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

421 SHELDON AVE
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 20-0412010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

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: MGR (X) Change () Addition
Name: SOLUTION MEDICAL SER, VICE, INC.
Address: 1150 LEE BLVD., STE 4
City-St-Zip: LEHIGH ACRES, FL 33936

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: SOLUTION MEDICAL SERVICE, INC

MGR

05/23/2007

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