

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013355

1. Entity Name

G2 TECHNOLOGY SOLUTIONS LLC



Principal Place of Business

2100 CLUB HOUSE ROAD
N FT MYERS, FL 33917

Mailing Address

2100 CLUB HOUSE ROAD
N FT MYERS, FL 33917



02232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0774809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOBLE, ROCIO
2100 CLUB HOUSE RD.
N. FT. MYERS, FL 33917

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

[Signature]
Signature of the person (or full name of registered agent) who filed this application

(NOTE: Registered Agent signature required when terminating)

DATE

2/22/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GOBLE, ROCIO E
2100 CLUB HOUSE ROAD
N FT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1100000447261
03/03/06-80048-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

2/22/06