

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044199

Entity Name: E & C SOLUTIONS, LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

448 BRIDGEVIEW TER.  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

1152 HIDEAWAY DR. N  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

448 BRIDGEVIEW TER.  
JACKSONVILLE, FL 32259

**New Mailing Address:**

1152 HIDEAWAY DR. N  
JACKSONVILLE, FL 32259

FEI Number: 84-1646295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BELIARD, ERNST  
448 BRIDGEVIEW TER.  
JACKSONVILLE, FL 32259 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: MGR  
Name: BELIARD, CAMILLE V  
Address: 1152 HIDEAWAY DR. N  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: BELIARD, ERNST  
Address: 1152 HIDEAWAY DR. N  
City-St-Zip: JACKSONVILLE, FL 32259

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: ERNST BELIARD

MGRM

04/23/2012

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