

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90346 005 ****50.00

60033946



04042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000044451 1. Entity Name INTEGRATED RETIREMENT SOLUTIONS, LLC					
Principal Place of Business 3005 CARING WAY PORT CHARLOTTE, FL 33952			Mailing Address 3005 CARING WAY PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-4098674 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSLAND, BRIAN W 3005 CARING WAY PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSLAND, BRIAN W 3005 CARING WAY, SUITE A PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOINER, J. SCOTT 3005 CARING WAY, SUITE A PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHORTZ, JOSEPH R. 3977 LACOSTA ISLAND COURT PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORAH, DARA B. 18123 REGAN AVENUE, PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 608, Florida Statutes.					
SIGNATURE: _____ 4/4/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					