

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044451

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: INTEGRATED RETIREMENT SOLUTIONS, LLC

## Current Principal Place of Business:

4161 TAMIAMI TRAIL, SUITE 502  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

4161 TAMIAMI TRAIL, SUITE 501  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

4161 TAMIAMI TRAIL, SUITE 502  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

4161 TAMIAMI TRAIL, SUITE 501  
PORT CHARLOTTE, FL 33952

FEI Number: 20-4098674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROSLAND, BRIAN W  
4161 TAMIAMI TRAIL, SUITE 501  
PORT CHARLOTTE, FL 33952 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: MGRM ( ) Delete  
Name: CROSLAND, BRIAN W  
Address: 4161 TAMIAMI TRAIL, SUITE 501  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete  
Name: JOINER, J. SCOTT  
Address: 4161 TAMIAMI TRAIL, SUITE 501  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete  
Name: SCHORTZ, JOSEPH R  
Address: 3977 LACOSTA ISLAND CT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: SORAH, DARA B  
Address: 18123 REGAN AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: BRIAN W. CROSLAND

MGRM

04/24/2009

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