

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044451

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** INTEGRATED RETIREMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL, SUITE 501  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRAIL, SUITE 501  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-4098674      **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:**

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

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

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

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

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: BRIAN W. CROSLAND

MGRM

05/03/2010

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