

L04000054944

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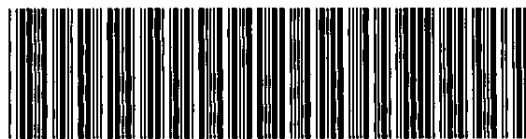
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Malave, Erin

LD4000054944

**From:** Rachel Jones [RJones@scottarchitects.com]  
**Sent:** Friday, September 17, 2010 12:56 PM  
**To:** CorpAddressChange  
**Cc:** Ray L. Scott  
**Subject:** Change of Address  
**Attachments:** DOC001.pdf

Good Afternoon,

We wanted to change our business address for International Solutions Collaborative, LLC. I have attached the documents which include the correct address for your reference. Please let me know if there is anything else you need from us on our end.

Thank you,


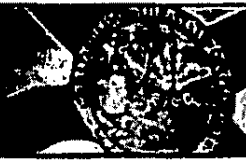
**Rachel Jones interiors**  
**[rjones@scottarchitects.com](mailto:rjones@scottarchitects.com)**

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## Annual Report Online Filing

**Document Number**    LD4000054944

**Business Entity Name**    INTERNATIONAL SOLUTIONS COLLABORATIVE, L.L.C.

**FE/EIN Number**    20    4203562

**FE/EIN Number Status**    ☒ Listed Above    ☐ Applied For    ☐ Not Applicable

**Certificate of Status**    ☐ \$5.00 (Optional)    What is a certificate of status?

The certificate of status will be sent to the e-mail address entered below.

### Correspondence E-mail Address

Please enter your e-mail address carefully and verify that it is accurate. This is the address where future annual report notices will be sent.

**E-mail Address**

### Principal Place of Business

**Address**    ~~420 SOUTH KELLER ROAD, SUITE 200~~    (PO Box not acceptable)

**Suite, Apt. #, etc.**    607 W. CATHERINE DR.

**City, State**    ~~ORLANDO~~    MAITLAND, FL

**Zip Code & Country**    ~~32810~~    32751

### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

**Address**    ~~420 SOUTH KELLER ROAD, SUITE 200~~

**Suite, Apt. #, etc.**

**City, State**    ~~ORLANDO~~    FL

**Zip Code & Country**    ~~32810~~

### Name And Address of Registered Agent

**Name (Last, First, Middle, Title)**    SCOTT    RAYMOND

- OR -

**Business to serve as RA**

Street Address in Florida 429 S. KELLER ROAD, STE. 200 (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State ORLANDO , FL  
Zip Code & Country 32810 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Managing Member/Manager Name And Address****Name And Address #1**

Title MGR  
Name (Last, First, Middle, Title) SCOTT ~~RAYMOND~~ KATHERINE H.  
- OR -  
Entity Name to serve as MGR or MGRM

Street Address ~~100 SOUTH KELLER ROAD, SUITE 200~~  
City, State ~~ORLANDO~~ , FL  
Zip Code & Country ~~32810~~

**Name And Address #2**

Title  
Name (Last, First, Middle, Title) 607 LK. CATHERINE  
- OR - PR  
Entity Name to serve as MGR or MGRM MAITLAND FL 32751

Street Address  
City, State  
Zip Code & Country

**Name And Address #3**

Title  
Name (Last, First, Middle, Title)  
- OR -  
Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

**Name And Address #4**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

**Name And Address #5**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

**Name And Address #6**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as MGR or MGRM

Street Address

City, State

Zip Code & Country

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.

Title

**Managing Member/Manager Signature**

The individual "signing" this document affirms that the facts stated herein are true.

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