

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90027 042 \*\*\*\*50.00

DOCUMENT # L04000060720

1. Entity Name  
PUREGAS SOLUTIONS LLC



Principal Place of Business  
9995 GATE PARKWAY, SUITE 400  
JACKSONVILLE, FL 32246

Mailing Address  
9995 GATE PARKWAY, SUITE 400  
JACKSONVILLE, FL 32246

**14005357**

2. Principal Place of Business  
149 PLANTATION CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
149 PLANTATION CIRCLE  
Suite, Apt. #, etc.



01112005 Chg-LLC CR2E083 (10/03)

City & State  
Ponte Verra Beach, FL  
Zip  
32082  
Country  
USA

City & State  
Ponte Verra Beach, FL  
Zip  
32082  
Country  
USA

4. FEI Number  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO.  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name  
Harold Koehler  
Street Address (P.O. Box Number is Not Acceptable)  
149 PLANTATION CIRCLE  
Ponte Verra Beach FL 32082

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/2005  
DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*[Signature]*  
149 PLANTATION CIRCLE  
Ponte Verra Beach, FL 32082  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Harold Koehler  
149 PLANTATION CIRCLE  
Ponte Verra Beach, FL 32082  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/2005 904 543 9954  
Date Daytime Phone #