

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061647

FILED  
Jul 08, 2006  
Secretary of State

**Entity Name:** THE CARR SOLUTION GROUP, LLC

**Current Principal Place of Business:**

277 ACORN DRIVE  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

277 ACORN DRIVE  
LONGWOOD, FL 32750 US

**New Mailing Address:**

FEI Number: 20-1753767      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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: CARR, TIMOTHY E  
Address: 277 ACORN DRIVE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR ( ) Delete  
Name: CARR, JON A  
Address: 1688 WEST AVE  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES:**

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 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: TIMOTHY E CARR

MGR

07/08/2006

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