

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000016970**

**1. Entity Name**  
**EASY STEP SOLUTIONS, LLC**



**Principal Place of Business**  
12346 SUTTON ISLAND DRIVE  
JACKSONVILLE, FL 32225

**Mailing Address**  
12346 SUTTON ISLAND DRIVE  
JACKSONVILLE, FL 32225



04042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 34-2037234	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WILKE, CELESTE N  
12346 SUTTON ISLAND DRIVE  
JACKSONVILLE, FL 32225

**DO NOT WRITE  
IN THIS SPACE**

**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>WILKE, JEFFREY D</b>
<b>STREET ADDRESS</b>	<b>12346 SUTTON ISLAND DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32225</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	

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**DO NOT WRITE  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Jeffrey D Wilke*

4/4/07 (904) 221-9448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #