2006 LIMITED LIABILITY COMPANY

FILED Mar 16, 2006 8:00 am Secretary of State ANNUAL REPORT

01-31-2006 90025 028 ****50.00 **DOCUMENT # L05000047846** 1. Entity Name
INTENTIONAL SOLUTIONS, LLC Principal Place of Business Mailing Address 30002649 9218 CROMWELL PARK PLACE 9218 CROMWELL PARK PLACE ORLANDO, FL 32827-7005 ORL'ANDO, FL 32827-7005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/05) City & State City & State 4. FEI Numb Applied For 20-43 Not Applical Zip Country Country \$5.00 Additional 5. Certificate of Status Desired \Box 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLER, GRAY Street Address (P.O. Box Number is Not Acceptable) 9218 CROMWELL PARK PLACE ORLANDO, FL 32827-7005 City Zip Code 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 acce SIGNATURE Signature, speed or print Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRM TITLE Oelesa TITLE ☐ Change KELLER, STEVEN G NAME 9218 CROMWELL PARK PLACE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32827 CITY-ST-ZP CITY-ST-7P nnu ☐ Delete MILE ☐ Channe ☐ Addi كلللا NAME STREET ACCRESS STREET ADDRESS CITY-51-2# CITY - ST. 71P HILE Delete TITLE ☐ Change Addi MAKE NAME THE MINKS STREET ADDRESS CTY-57-21P CITY-51-2# TILE Delette mu Change O Accia NAME -STREET ADDRESS STREET ACCRESS CITY-SI-ZIP CITY-ST-ZP hhe ☐ Delete TILLE ☐ Crange - Addii NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MILE C Delete IIILE Chance ☐ Addit NAME MARKE STREET ACCRESS STREET ADDRESS CITY- 57- 22 CITY-ST-IP 11. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119, Florids Statutas. 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 nothing that if am a managing member or manager of the firnied statisty company or the receiver or trustee empowered to execute this report as required by Chapter 506, Florids Statutes. SIGNATURE: _

3-10-06



ATTACHMENT
30002649

Mark My

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

INTENTIONAL SOLUTIONS, LLC 9218 CROMWELL PARK PLACE ORLANDO, FL 32827-7005

Subject: INTENTIONAL SOLUTIONS, LLC

Reference Number:

L05000047846

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION