

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047914

FILED  
Jul 10, 2006  
Secretary of State

**Entity Name:** REQUIREMENTS SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

19004 COUR ESTATES  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

3837 NORTHDAL BLVD  
#361  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 25-1917498      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

MYERS, DANIEL A  
3837 NORTHDAL BLVD  
#361  
TAMPA, FL FL 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: MYERS, DANIEL A  
Address: 19004 COUR ESTATES  
City-St-Zip: LUTZ, FL 33558

Title: MGR ( ) Delete  
Name: HATHAWAY, THOMAS  
Address: 16057 TAMPA PALMS BLVD. W  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HATHAWAY, THOMAS E  
Address: 16057 TAMPA PALMS BLVD. W  
City-St-Zip: TAMPA, FL 33647

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: DANIEL A MYERS

MGR

07/10/2006

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