2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # L05000084084 03-10-2006 90133 017 ****50.00 1. Entity Name GROUP OF SOLUTIONS, LLC Principal Place of Business Mailing Address 31 SOUTH AMARYLIS OR INDIAN LAKE ESTATES FL 33855 PO BOX 7052 INDIAN LAKE ESTATES FL 33855 2. Principal Place of Business 3. Mailing Address 80x7052 Suite, Apt. #, etc. 31 S. Amarilis Drive Suite, Apr. #, etc. 1st MOORE CR2E083 (10/05) City & State MA City & State 4. FEI Number Applied For Sa<u>∽</u> Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Same Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Waad WOOD, BETSY A Speet Address (P.D. Box Number is Not Acceptable) 31 SOUTH AMARYLIS DRIVE 120 C X OZ 2 INDIAN LAKE ESTATES FL 33855 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 Superitor treated name disoposterol upont and life of applicable (NOTE: Requisitrost Aujorit squadure required which romitating) FILE NOW!!! FEE IS \$50:00 Make Check Payable to Florida Department of State Due By May 1, 2006 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TATE F MGR ☐ Delete TILE Change Addition HALLE WOOD: BETSY A NAME STREET ADORESS PO BOX 7052 STREET ADDRESS CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete . Change. . ☐ Addition NAME NAMS STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ппе Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP ☐ Delete HILE TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Delete TITLE ☐ Change Addition NAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Division of Corporations

March 14, 2006

GROUP OF SOLUTIONS, LLC PO BOX 7052 INDIAN LAKE ESTATES, FL 33855 US

Subject: GROUP OF SOLUTIONS, LLC

Reference Number:

L05000084084

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 registered agent must have a Florida street address.

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.

/cj ANNUAL REPORTS SECTION