

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 19, 2008 8:00 am
Secretary of State

02-29-2008 90103 030 ***138.75

DOCUMENT # L05000084084
 1. Entity Name
 GROUP OF SOLUTIONS, LLC



Principal Place of Business: 31 SOUTH AMARYLIS DR, INDIAN LAKE ESTATES FL 33855, US
 Mailing Address: PO BOX 3326, LAKE WALES FL 33859, US



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 2620 Redwood Rd.
 Suite, Apt. #, etc.:
 3. Mailing Address: P.O. Box 314
 Suite, Apt. #, etc.:

City & State: Campobello, S.C.
 Zip: 29322, Country: US
 City & State: Landrum, S.C.
 Zip: 29356, Country: US

4. FEI Number: 20-3360269
 Applied For: No; Yes

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOOD, BETSY A
 31 SOUTH AMARYLIS DRIVE
 INDIAN LAKE ESTATES FL 33855

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL 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 accept the obligations of registered agent.
 SIGNATURE: *Betsy A Wood*

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: WOOD, BETSY A STREET ADDRESS: PO BOX 7052 CITY-ST-ZIP: INDIAN LAKE ESTATES FL 33855	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 828, Florida Statutes.

SIGNATURE: *Betsy A Wood*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE