

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109620

Entity Name: TDK SOLUTIONS, LLC

**FILED**  
**Feb 24, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

421 BELL BRANCH LANE  
JACKSONVILLE, FL 322594444 US

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE ROAD 13 NORTH  
PMB 181  
JACKSONVILLE, FL 322593863 US

**New Mailing Address:**

FEI Number: 20-3782968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORNACKI, TIMOTHY D  
421 BELL BRANCH LANE  
JACKSONVILLE, FL 322594444 US

**Name and Address of New Registered Agent:**

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: KORNACKI, TIMOTHY D  
Address: 421 BELL BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 322594444 US

**ADDITIONS/CHANGES:**

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

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: TIMOTHY D. KORNACKI

MGR

02/24/2006

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