

13825

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90030 030 ***138.75

DOCUMENT # L06000003914			
1. Entity Name FOCUS TO SOLUTIONS, LLC			
Principal Place of Business 3797 PENDLEBURY DRIVE PALM HARBOR, FL 34685		Mailing Address 3797 PENDLEBURY DRIVE PALM HARBOR, FL 34685	
2. Principal Place of Business - No P.O. Box # 4 SPOONDRIFT LN		3. Mailing Address 4 SPOONDRIFT LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE ELIZABETH, ME		City & State CAPE ELIZABETH, ME	
Zip 04107	Country USA	Zip 04107	Country USA
4. FEI Number 16-1746702		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, DAVID C SR 3797 PENDLEBURY DRIVE PALM HARBOR, FL 34685		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REYNOLDS, DAVID C SR 3797 PENDLEBURY DRIVE PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REYNOLDS, DAVID SR 4 SPOONDRIFT LANE CAPE ELIZABETH, MAINE 04107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 Chapter 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.			
SIGNATURE: <u>David C Reynolds SR</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/28/08 207 799 1418 Daytime Phone #	