

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076705

FILED  
Jul 12, 2007  
Secretary of State

**Entity Name:** PROBLEM SOLVED CONSULTING LLC

**Current Principal Place of Business:**

6956 SMITH ROAD  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1249  
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number:** 20-5217640      **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:**

KIRCHLER, KAREN  
6956 SMITH ROAD  
PANAMA CITY, FL 32404      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: MGRM      ( ) Delete  
Name: KIRCHLER, KAREN  
Address: 6956 SMITH ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM      ( ) Delete  
Name: COLEMAN, CORINNE  
Address: 198 DERBY WOODS DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KAREN KIRCHLER

MS.

07/12/2007

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