

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099351

FILED
Aug 01, 2007
Secretary of State

Entity Name: SLCDBC SOLUTIONS GROUP, LLC

Current Principal Place of Business:

312 S ASTER TRCE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

312 S ASTER TRCE
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 20-5697328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CAMPBELL, DAVID B
Address: 312 S ASTER TRCE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: CAMPBELL, SANDRA L
Address: 312 S ASTER TRCE
City-St-Zip: JACKSONVILLE, FL 32259 US

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: DAVID B CAMPBELL

MGRM

08/01/2007

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