

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000102030

**FILED**  
**Jul 19, 2011**  
**Secretary of State**

**Entity Name:** BUSINESS SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

2200 N. PONCE DE LEON BLVD  
SUITE 1  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N. PONCE DE LEON BLVD  
SUITE 1  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 43-2115014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIDSON, JEFFREY S  
2200 N. PONCE DE LEON BLVD  
SUITE 1  
ST. AUGUSTINE, FL 32084 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  
Name: DAVIDSON, JEFFREY S  
Address: 2200 N. PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGR  
Name: DAVIDSON, LISA C  
Address: 2200 N. PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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: JEFF DAVIDSON

MGR

07/19/2011

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