

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103363

FILED  
May 02, 2009  
Secretary of State

Entity Name: WILSON GROUP FINANCIAL SOLUTIONS LLC

## Current Principal Place of Business:

1769 N. CONGRESS AVENUE  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

1425 SW ARAGON AVE  
PORT ST LUICE, FL 34953

## Current Mailing Address:

1769 N. CONGRESS AVENUE  
WEST PALM BEACH, FL 33401

## New Mailing Address:

4371 NORTHLAKE BLVD  
PO BOX 291  
WEST PALM BEACH, FL 33410

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

WILSON, JOSHUA  
1769 N. CONGRESS AVENUE  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

WILSON, JOSHUA  
8232 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810 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:

05/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WILSON, JOSHUA  
Address: 1769 N. CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete  
Name: WILSON, JAMES A  
Address: 1769 N. CONGRESS AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete  
Name: WILSON, JONATHAN  
Address: 4686 47TH COURT  
City-St-Zip: VERO BEACH, FL 32967

Title: MGR ( ) Delete  
Name: WILSON, LATATE  
Address: 9167 SHINDLER CROSSING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224104

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WILSON, JOSHUA  
Address: 8232 BAYWOOD VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: MGR (X) Change ( ) Addition  
Name: WILSON, JAMES A  
Address: 1425 SW ARAGON AVE  
City-St-Zip: PORT ST LUICE, FL 34953

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: JOSHUA WILSON

MGRM

05/02/2009

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