

Apr. 29, 2008 1:52PM

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-01-2008 90017 044 ***138.75

DOCUMENT # L07000034563			
1. Entity Name SOLUTIONS-PEOPLE, LLC			
Principal Place of Business 11402 BUCKLEY WOOD COURT WINDERMERE, FL 34786		Mailing Address 11402 BUCKLEY WOOD COURT WINDERMERE, FL 34786	
2. Principal Place of Business - No P.O. Box # 13506 Summerport Village Parkway		3. Mailing Address Same	
Suite/Apt. #, etc. 149		Suite/Apt. #, etc. Same	
City & State WINDERMERE FL		City & State Same	
Zip 34786	Country USA	Zip Same	Country Same
4. FEI Number 20 8888161		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761		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 <u><i>Cristen Steyn</i></u> DATE <u>4/28/08</u> Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when re-appointing)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEYN, CRISTIN M 11402 BUCKLEY WOOD COURT WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANDLALL, SONIA 405 S. DALE MABRY HWY SUITE 314 TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beth Wallace 905 Brightwater Circle Maitland FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beth Wallace 905 Brightwater Circle Maitland FL 32751 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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><i>Cristen Steyn</i></u> DATE <u>4/28/08</u> DAYTIME PHONE # <u>407 803 2117</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			