

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039441

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** SOLUTIONS PROVIDER LLC

**Current Principal Place of Business:**

8004 NW 154 STREET  
132  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8004 NW 154 STREET  
132  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 20-0179962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BABBS, PATRICK  
8004 NW 154 ST  
132  
MIAMI LAKES, FL 33016 US

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

ALONZO, MARIELA  
8004 NW 154 ST  
132  
MIAMI LAKES, FL 33016 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: MARIELA ALONZO

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALONZO, MARIELA  
Address: 8004 NW 154 ST 132  
City-St-Zip: MIAMI LAKES, FL 33016

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: MARIELA ALONZO

MGRN

04/05/2012

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