

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116527

Entity Name: LM BUSINESS SOLNS LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

520 MILLHOUSE LANE  
ORANGE PARK, FL 32065 CL

**New Principal Place of Business:**

6820 BOGATA DR N  
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

P O BOX 579  
ORANGE PARK, FL 320670579 CL

**New Mailing Address:**

P O BOX 579  
ORANGE PARK, FL 320670579 US

FEI Number: 26-1231851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MAASSEN, LELAND R  
520 MILLHOUSE LANE  
ORANGE PARK, FL 32065 US

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

VANMIDDLESWORTH, MARTA S  
6820 BOGATA DR N  
JACKSONVILLE, FL 32210 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: MARTA S VANMIDDLESWORTH

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VANMIDDLESWORTH, MARTA S  
Address: PO BOX 579  
City-St-Zip: ORANGE PARK, FL 320670579 US

Title: MGRM  
Name: VANMIDDLESWORTH, LISA M  
Address: PO BOX 579  
City-St-Zip: ORANGE PARK, FL 320670579 US

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: MARTA S VANMIDDLESWORTH

MGRM

04/30/2011

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