

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001487

Entity Name: GPI SOLUTION, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2950 GLADES CIRCLE  
SUITE B-15  
WESTON, FL 33327 US

**New Principal Place of Business:**

**Current Mailing Address:**

2950 GLADES CIRCLE  
SUITE B-15  
WESTON, FL 33327 US

**New Mailing Address:**

FEI Number: 80-0140071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAOLONE, ALFONSO  
2950 GLADES CIRCLE  
SUITE B-15  
WESTON, FL 33327 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: P, D  
Name: PAOLONE, ALFONSO  
Address: 2950 GLADES CIRCLE, SUITE B-15  
City-St-Zip: WESTON, FL 33327 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: ALFONSO PAOLONE

P,D

04/25/2011

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