

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001487

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** GPI SOLUTION, LLC

**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:**

JOEL FRIEND AND ASSOCIATES, INC  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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: JOEL FRIEND

04/25/2012

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

04/25/2012

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