

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037856

Entity Name: SJR SOLUTIONS GROUP,LLC

FILED
Sep 02, 2009
Secretary of State

Current Principal Place of Business:

906 S.W ST. LUCIE W. BLVD.
124
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

906 S.W ST. LUCIE W. BLVD.
124
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

1391 NW ST. LUCIE W. BLVD.
124
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

1391 NW ST. LUCIE W. BLVD.
124
PORT ST. LUCIE, FL 34986 US

FEI Number: 26-2393948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALI, FAROUK
906 S.W ST. LUCIE W. BLVD.
124
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

ALI, FAROUK
1391 NW ST. LUCIE W. BLVD.
124
PORT ST. LUCIE, FL 34986 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:

09/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALI, FAROUK
Address: 906 S.W ST. LUCIE W. BLVD. #124
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALI, FAROUK
Address: 1391 NW ST. LUCIE W. BLVD. #124
City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FAROUK ALI

MGRM

09/02/2009

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