

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109662

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOLUTIONS OF FLORIDA, A BENEFITS COMPANY, LLC

Current Principal Place of Business:

500 HIBISCUS TRAIL
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

1270 N WICKHAM RD STE 16 #614
MELBOURNE, FL 32935

New Mailing Address:

P.O. BOX 510605
MELBOURNE BEACH, FL 32951 06

FEI Number: 26-3803287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, BRIDGET L
500 HIBISCUS TRAIL
MELBOURNE BEACH, FL 32951 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: MGR () Delete
Name: CAMP, RUSSELL W
Address: 401 OCEAN AVENUE, STE: 201
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGR () Delete
Name: WEST, BRIDGET L
Address: 401 OCEAN AVENUE, STE: 201
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAMP, RUSSELL W
Address: 500 HIBISCUS TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGR (X) Change () Addition
Name: WEST, BRIDGET L
Address: 500 HIBISCUS TRAIL
City-St-Zip: MELBOURNE BEACH, FL 32951 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: RUSSELL W. CAMP

MGR

03/30/2009

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