

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109662

**FILED**  
**Apr 25, 2012**  
**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:**

500 HIBISCUS TRAIL  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

P.O. BOX 510554  
MELBOURNE BEACH, FL 32951 05

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  
Name: CAMP, RUSSELL W  
Address: 500 HIBISCUS TRAIL  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: MGR  
Name: WEST, BRIDGET L  
Address: 500 HIBISCUS TRAIL  
City-St-Zip: MELBOURNE BEACH, FL 32951 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: BRIDGET L. WEST

MGR

04/25/2012

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