

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001725

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Entity Name:** TIER ONE SOLUTIONS, LLC

**Current Principal Place of Business:**

CORPERATE CENTER ONE 2202 N WEST SHORE BLV  
200  
TAMPA, FL 337607

**New Principal Place of Business:**

**Current Mailing Address:**

10475 GANDY BLVD N  
1417  
ST PETERSBURG, FL 33702

**New Mailing Address:**

2921 W KNIGHTS AVE  
TAMPA, FL 33611

**FEI Number:** 26-3990289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEIL, SCOTT  
10475 GANDY BLVD N  
1417  
ST PETERSBURG, FL 33702 US

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

NEIL, SCOTT  
2921 W KNIGHTS AVE  
TAMPA, FL 33611 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: SCOTT NEIL

03/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAVELY, JERRY  
Address: 2157 BAYOU GRANDE BLVD  
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM  
Name: NEIL, SCOTT  
Address: 2921 W KNIGHTS AVE  
City-St-Zip: TAMPA, FL 33611

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: SCOTT NEIL

MP

03/04/2012

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