

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018917

Entity Name: DKP SOLUTIONS, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12419 FOREST LAKE CIRCLE NORTH #1  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12419 FOREST LAKE CIRCLE NORTH #1  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 26-4343925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KUEHL, DANIEL W  
12419 FOREST LAKE CIRCLE NORTH #1  
JACKSONVILLE, FL 32225 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: DEAN, CECILE  
Address: 331 PIPER BLVD., # 203  
City-St-Zip: PORT ARANSAA, TX 78373

Title: MGRM  
Name: KUEHL, DAN  
Address: 12419 FOREST LAKE CIRCLE NORTH #1  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: TRINDE, INC.  
Address: 331 PIPER BLVD., #203  
City-St-Zip: PORT ARANSAA, TX 78373

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: DAN KUEHL

MGRM

02/07/2012

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