

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030867

Entity Name: SOLUTIONS DIVINE LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9447 WOODLEIGH MILL DRIVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 440454  
JACKSONVILLE, FL 32220454

**New Mailing Address:**

FEI Number: 26-4559829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GATES, ANGELA Y  
9447 WOODLEIGH MILL DRIVE  
JACKSONVILLE, FL 32244 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: MGRM  
Name: GATES, ANGELA Y  
Address: 9447 WOODLEIGH MILL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

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: ANGELA GATES

MGR

04/16/2012

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