

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033524

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** AUTOLOOP SOLUTIONS, LLC

**Current Principal Place of Business:**

600 CLEVELAND STREET  
SUITE 1110  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1266  
CLEARWATER, FL 33757

**New Mailing Address:**

**FEI Number:** 26-4620953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, STEVE  
600 CLEVELAND STREET, SUITE 1110  
CLEARWATER, FL 33755 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:** ANDERSON, STEVE  
**Address:** P.O. BOX 1266  
**City-St-Zip:** CLEARWATER, FL 33757

**Title:** MGR  
**Name:** PETRUZZELLI, ANTHONY G  
**Address:** 7220 S.W. 97TH PLACE  
**City-St-Zip:** OCALA, FL 34476

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:** STEVE ANDERSON

PRES

04/18/2012

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