

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036270

**Entity Name:** FLORIDA FORM SOLUTIONS, LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

250 CAMBRIDGE DR  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

5709 CAMELIA DRIVE  
ORLANDO, FL 32807 US

**Current Mailing Address:**

P.O. BOX 1827  
WINTER PARK, FL 32790 US

**New Mailing Address:**

5709 CAMELIA DRIVE  
ORLANDO, FL 32807 US

**FEI Number:** 27-3212771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ, RAFAEL A  
5709 CAMELIA DRIVE  
ORLANDO, FL 32807 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:** RUIZ, RAFAEL A  
**Address:** 5709 CAMELIA DRIVE  
**City-St-Zip:** ORLANDO, FL 32807 US

**Title:** MGR  
**Name:** RUIZ, ADRIANA L  
**Address:** 5709 CAMELIA DRIVE  
**City-St-Zip:** ORLANDO, FL 32807 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:** ADRIANA L. RUIZ

MGR

02/21/2011

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