

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045433

**FILED**  
**Jul 06, 2011**  
**Secretary of State**

**Entity Name:** LEAD PAINT SOLUTIONS LLC

**Current Principal Place of Business:**

2170 SPANISH MOSS DRIVE  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

12344 SARAH TOWERS LANE SOUTH  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

2170 SPANISH MOSS DRIVE  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

12344 SARAH TOWERS LANE SOUTH  
JACKSONVILLE, FL 32225 US

**FEI Number:** 27-2808233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, WILLIAM R  
2170 SPANISH MOSS DRIVE  
JACKSONVILLE, FL 32246 US

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

WILSON, WILLIAM R  
12344 SARAH TOWERS LANE SOUTH  
JACKSONVILLE, FL 32246 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:

07/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON, WILLIAM R  
Address: 12344 SARAH TOWERS LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225 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: WILLIAM R. WILSON

MGRM

07/06/2011

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