

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000091154

FILED
Mar 14, 2011
Secretary of State

Entity Name: TBD INVESTMENT SOLUTIONS, LLC

Current Principal Place of Business:

120 E OAKLAND PARK BLVD
STE 105
FT LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

120 E OAKLAND PARK BLVD
STE 105
FT LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVERNER, BRUCE A
120 E OAKLAND PARK BLVD
STE 105
FT LAUDERDALE, FL 33334 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: TAVERNER, BRUCE A
Address: 120 E OAKLAND PARK BLVD STE 105
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGR
Name: TAVERNER, BRUCE A
Address: 120 E OAKLAND PARK BLVD. #105
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGR
Name: TAVERNER, BRUCE A
Address: 120 E OAKLAND PARK BLVD. #105
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGR
Name: TAVERNER, BRUCE A
Address: 120 E OAKLAND PARK BLVD. #105
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGR
Name: TAVERNER, BRUCE A
Address: 120 E OAKLAND PARK BLVD. #105
City-St-Zip: FT LAUDERDALE, FL 33334 US

Title: MGR
Name: TAVERNER, BRUCE A
Address: 120 E OAKLAND PARK BLVD. #105
City-St-Zip: FT LAUDERDALE, FL 33334 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: BRUCE A TAVERNER MGR 03/14/2011

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