

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128365

Entity Name: 5 COUNTY SOLUTIONS, LLC

FILED
Apr 24, 2012
Secretary of State

Current Principal Place of Business:

232 E 21ST STREET
JACKSONVILLE, FL 322062141

New Principal Place of Business:

Current Mailing Address:

PO BOX 2859
JACKSONVILLE, FL 322032859

New Mailing Address:

FEI Number: 27-4979215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, HAROLD E
232 E 21ST STREET
JACKSONVILLE, FL 322062141 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, HAROLD E
Address: PO BOX 2859
City-St-Zip: JACKSONVILLE, FL 322032859

Title: MGRM
Name: ANDERSON, HAROLD E II
Address: PO BOX 2859
City-St-Zip: JACKSONVILLE, FL 322032859

Title: MGRM
Name: JACKSON, REGINALD
Address: 232 E 21ST STREET
City-St-Zip: JACKSONVILLE, FL 322062141

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: HAROLD E ANDERSON

MGR

04/24/2012

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