

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063426

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATION SOLUTIONS LLC

**Current Principal Place of Business:**

118 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947

**New Principal Place of Business:**

**Current Mailing Address:**

118 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947

**New Mailing Address:**

**FEI Number:** 45-2519051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, PATRICIA C  
118 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947 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:** TOWNSEND, GERALDINE  
**Address:** 2968 MILL CREEK ROAD  
**City-St-Zip:** PORT CHARLOTTE, FL 33953

**Title:** MGRM  
**Name:** KELLY, PATRICIA C  
**Address:** 118 SPORTSMAN ROAD  
**City-St-Zip:** ROTONDA WEST, FL 33947

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:** PATRICIA C. KELLY

MGRM

04/16/2012

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