

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094113

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** DETAILED SOLUTIONS, LLC

**Current Principal Place of Business:**

1355 ACRES DRIVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 161644  
ALTAMONTE SPRINGS, FL 327161644

**New Mailing Address:**

**FEI Number:** 82-0551116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DECARLO, MICHAEL  
1355 ACRES DRIVE  
APOPKA, FL 32703 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: DECARLO, TRACY  
Address: 1355 ACRES DRIVE  
City-St-Zip: APOPKA, FL 32703

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: TRACY DECARLO

MGRM

03/20/2012

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