

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098198

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** NEWTON MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

970 LAKE CARILLON DRIVE  
SUITE 102  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

970 LAKE CARILLON DRIVE  
SUITE 102  
ST. PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 45-3120324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBER, SCOTT P ESQUIRE  
C/O PHELPS DUNBAR LLP  
100 SOUTH ASHLEY DRIVE SUITE 1900  
TAMPA, FL FL US

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

WEBER, SCOTT P ESQUIRE  
402 KNIGHTS RUN AVE  
SUITE 150  
TAMPA, FL 33602 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:

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NEWTON, BLAIR  
Address: 970 LAKE CARILLON DRIVE SUITE 102  
City-St-Zip: ST. PETERSBURG, FL 33716 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: BLAIR NEWTON

MGR

02/08/2012

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