

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121048

Entity Name: SIMPSON SOLUTIONS LLC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

48144 CABBAGE CREEK TRAIL  
HILLIARD, FL 32046

**New Principal Place of Business:**

**Current Mailing Address:**

48144 CABBAGE CREEK TRAIL  
HILLIARD, FL 32046

**New Mailing Address:**

FEI Number: 45-3660364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMPSON, HEULAND N  
48194 CABBAGE CREEK TRAIL  
HILLIARD, FL 32034 US

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

SIMPSON, HEULAND N  
48144 CABBAGE CREEK TRAIL  
HILLIARD, FL 32034 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: HEULAND SIMPSON

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SIMPSON, HEULAND N  
Address: 48144 CABBAGE CREEK TRAIL  
City-St-Zip: HILLIARD, FL 32046

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: HEULAND SIMPSON

MGRM

02/09/2012

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