

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004205

FILED  
Jul 27, 2011  
Secretary of State

**Entity Name:** OPTIMAL SOLUTIONS GROUP, L.L.C.

**Current Principal Place of Business:**

5825 UNIVERSITY RESEARCH COURT, SUITE 2800  
COLLEGE PARK, MD 207403822

**New Principal Place of Business:**

5825 UNIVERSITY RESEARCH COURT  
SUITE 2800  
COLLEGE PARK, MD 207403822

**Current Mailing Address:**

5825 UNIVERSITY RESEARCH COURT, SUITE 2800  
COLLEGE PARK, MD 207403822

**New Mailing Address:**

5825 UNIVERSITY RESEARCH COURT  
SUITE 2800  
COLLEGE PARK, MD 207403822

**FEI Number:** 52-2216205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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:** TURNER, MARK D  
**Address:** 5825 UNIVERSITY RESEARCH COURT, SUITE 2800  
**City-St-Zip:** COLLEGE PARK, MD 207403822

**Title:** MGR  
**Name:** TURNER, TRACYE  
**Address:** 5825 UNIVERSITY RESEARCH COURT, SUITE 2800  
**City-St-Zip:** COLLEGE PARK, MD 207403822

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:** GORDON SMITH

COF

07/27/2011

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