

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001897

Entity Name: HRP-SOLUTIONS, LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

12450 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

12450 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 26-2211393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISENSMITH, JEFFREY R
5561 UNIVERSITY DR
CORAL SPRINGS, FL 33067 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 () Delete
Name: LE BLANC, EDWARD
Address: 14 MAIN ST - STE 305
City-St-Zip: MADISON, NJ 07940

Title: MGR () Delete
Name: JOHNSTON, BRENDA
Address: 131 CHURCH ST - STE 205
City-St-Zip: BURLINGTON, VT 05401

Title: MGR () Delete
Name: DE BRAGA, JOSE
Address: 12450 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LE BLANC, EDWARD
Address: 131 CHURCH ST, SUITE 205
City-St-Zip: BURLINGTON, VT 05401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRENDA JOHNSTON

MGR

03/10/2009

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