2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# M09000000767

Entity Name: I 595 ITS SOLUTIONS, LLC

Current Principal Place of Business:

ONE ALHAMBRA PLAZA, SUITE 710
CORAL GABLES, FL 33134 US

New Principal Place of Business:

ONE ALHAMBRA PLAZA, SUITE 1200
CORAL GABLES, FL 33134 US

Current Mailing Address:

ONE ALHAMBRA PLAZA, SUITE 710
CORAL GABLES, FL 33134 US

New Mailing Address:

ONE ALHAMBRA PLAZA, SUITE 1200
CORAL GABLES, FL 33134 US

FEI Number: 26-4765920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALTIWANGER, NURIA L
ONE ALHAMBRA PLAZA
SUITE 710
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HALTIWANGER, NURIA L
ONE ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134 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: NURIA L. HALTIWANGER 04/27/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DE LA LLAMA, ANTONIO
Address: ONE ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: SANTAMARIA, JUAN
Address: ONE ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: ESTRADA, ANTONIO
Address: ONE ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S
Name: HALTIWANGER, NURIA
Address: ONE ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

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 Statues.

SIGNATURE: NURIA L. HALTIWANGER S 04/27/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date