

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000083380

Entity Name: MULTI SOLUTIONS II, INC.

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

**Current Principal Place of Business:**

100 SE 2ND ST 32ND FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

100 SE 2ND ST 32ND FLOOR  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 22-2418056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE 2ND ST SUITE 2900  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: LAMPEN, RICHARD J  
Address: 100 SE 2ND ST 32ND FLOOR  
City-St-Zip: MIAMI, FL 331312100

Title: ST/D  
Name: KIRKLAND, JAMES B III  
Address: 100 SE 2ND ST 32ND FLOOR  
City-St-Zip: MIAMI, FL 331312100

Title: D  
Name: FROME, ROBERT L  
Address: 100 SE 2ND ST 32ND FLOOR  
City-St-Zip: MIAMI, FL 331312100

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES B KIRKLAND III

ST/D

07/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date