

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042835

Entity Name: ARPA LLC

Current Principal Place of Business:

421 SHELDON AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

421 SHELDON AVE
LEHIGH ACRES, FL 33936

FEI Number: 20-0412010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, ROSAMARY
421 SHELDON AVE
LEHIGH ACRES, FL 33936 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|--------------------------------|
| Title | MGR | Title | MGR |
| Name | RODRIGUEZ, ROSAMARY | Name | SOLUTION MEDICAL SERVICE, INC. |
| Address | 421 SHELDON AVE. | Address | 1150 LEE BLVD., STE 4 |
| City-State-Zip: | LEHIGH ACRES FL 33972 | City-State-Zip: | LEHIGH ACRES FL 33936 |

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSAMARY RODRIGUEZ

MGR

04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date