#### 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. 01/29/2014 SIGNATURE: HAROLD DAWKINS MGRM

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 8698 AUTUMN GREEN DRIVE JACKSONVILLE, FL 32256

# **Current Mailing Address:**

DOCUMENT# L09000011929

SOLUTIONS L.L.C.

8698 AUTUMN GREEN DRIVE JACKSONVILLE, FL 32256 US

# **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

## Authorized Person(s) Detail :

MGRM	Title	MGRM
DAWKINS, HAROLD	Name	LUMPKIN, ALTON
8698 AUTUMN GREEN DRIVE	Address	9114 HANOVER STREET
JACKSONVILLE FL 32256	City-State-Zip:	LITHIA SPRINGS GA 30122
	MGRM DAWKINS, HAROLD 8698 AUTUMN GREEN DRIVE	MGRMTitleDAWKINS, HAROLDName8698 AUTUMN GREEN DRIVEAddress

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State Entity Name: DAWKINS/LUMPKIN CONTRACTING & CONSULTING

# Certificate of Status Desired: No

Date

FILED Jan 29, 2014

CC1178286746

Date