#### 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/27/2013 MANAGING MEMBER

SIGNATURE: KEVIN GALLAGHER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: TARPON IT SOLUTIONS LLC

# **Current Principal Place of Business:**

33 CENTRAL COURT TARPON SPRINGS, FL 34689

DOCUMENT# L12000113986

## **Current Mailing Address:**

33 CENTRAL COURT TARPON SPRINGS. FL 34689

## FEI Number: 46-1175167

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

SCOTT, JEFF 1858 OSCEOLA ST. TARPON SPRINGS, FL 34689 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

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	SCOTT, JEFF	Name	GALLAGHER, KEVIN
Address	1858 OSCEOLA ST.	Address	33 CENTRAL COURT
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689

FILED Mar 27, 2013 Secretary of State CC8882848057

Certificate of Status Desired: No

Date

Date