

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90364 029 \*\*\*\*58.75

DOCUMENT # L00000007496 1. Entity Name VERTICAL SOLUTIONS, LLC	
--	---

Principal Place of Business 2888 REMINGTON GREEN LN STE C TALLAHASSEE, FL 32308	Mailing Address 2888 REMINGTON GREEN LN STE C TALLAHASSEE, FL 32308
---	---

**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3655487	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D ESQ  
2810 REMINGTON GREEN CIR  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 :  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOUGLAS, HOWARD J 2244 TEN OAKS DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARVELL, BRADLEY 2845 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:  Date: 4/10/07 (860) 561-1033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #