

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006901

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Entity Name:** ACCESS SOLUTIONS UNLIMITED, LLC

**Current Principal Place of Business:**

4356 MISTLETHRUSH LANE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4356 MISTLETHRUSH LANE  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 62-1853695      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AUSTIN, ARLENE F  
5811 PELICAN BAY BLVD  
SUITE 201  
NAPLES, FL 34108 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEJONGE, RUSSELL H  
Address: 4356 MISTLETHRUSH LANE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: DEJONGE, WENDY  
Address: 4356 MISTLETHRUSH LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: RUSSELL H DEJONGE

MGRM

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date