

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010623

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** UNITED OFFICE SOLUTIONS LLC

**Current Principal Place of Business:**

2152 S O.B.T., #600  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

378 MORNING CREEK CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-0698495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, THOMAS  
378 MORNING CREEK CIRCLE  
APOPKA, FL 32712 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: RODRIGUEZ, THOMAS  
Address: 378 MORNING CREEK CRICLE  
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete  
Name: MATA, ROSA Y  
Address: 378 MORNING CREEK CIRCLE  
City-St-Zip: APOPKA, FL 32712

**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 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: THOMAS RODRIGUEZ

MGRM

01/18/2007

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