2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049259

Entity Name: WEB SOLUTIONS OF AMERICA, LLC

Current Principal Place of Business:

1855 W. STATE ROAD 434 LONGWOOD, FL 32750

Current Mailing Address:

1855 W. STATE ROAD 434 LONGWOOD, FL 32750

FEI Number: 20-1317087

Name and Address of Current Registered Agent:

MORAN, THOMAS P 111 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO, FL 32801 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 :

| | () | | |
|-----------------|------------------------|-----------------|------------------------|
| Title | MGR | Title | MANAGER |
| Name | RITENOUR, JOHN K | Name | SCOVANNER, WESLEY D |
| Address | 1855 W STATE RD 434 | Address | 1855 W. STATE ROAD 434 |
| City-State-Zip: | LONGWOOD FL 32750 | City-State-Zip: | LONGWOOD FL 32750 |
| T '0 - | MANAGED | | |
| Title | MANAGER | | |
| Name | TALESNICK, NOAH | | |
| Address | | | |
| / 1000 | 1855 W. STATE ROAD 434 | | |
| City-State-Zip: | LONGWOOD FL 32750 | | |

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.

SIGNATURE: WESLEY D SCOVANNER

MANAGER

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2014 Secretary of State CC2003289775

Certificate of Status Desired: No

Date