2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L00000005888

Entity Name: SOLUTION HYBRID LLC

Current Principal Place of Business:

21245 COACHMAN AVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21245 COACHMAN AVE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-1009133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHREIER, PASCAL
21245 COACHMAN AVE
PORT CHARLOTTE, FL 33952 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: SCHREIER, PASCAL
Address: 21245 COACHMAN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete
Name: BISCHEF, DENNIS
Address: 480 YORKSHIRE ST
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHREIER, PASCAL
Address: 21245 COACHMAN AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM (X) Change ( ) Addition
Name: BISCHOF, DENNIS
Address: 480 YORKSHIRE ST
City-St-Zip: PORT CHARLOTTE, FL 33954

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: PASCAL SCHREIER MGR 02/16/2009

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