

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006302

FILED
Apr 22, 2009
Secretary of State

Entity Name: VISUAL GOV SOLUTIONS, LLC

Current Principal Place of Business:

13970 LYNMAR BLVD
TAMPA, FL 33626

New Principal Place of Business:

13039 W LINEBAUGH AVE
102
TAMPA, FL 33626

Current Mailing Address:

13970 LYNMAR BLVD
TAMPA, FL 33626

New Mailing Address:

13039 W LINEBAUGH AVE
102
TAMPA, FL 33626

FEI Number: 59-3650796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABZA, KEITH
13970 LYNMAR BLVD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

KABZA, KEITH
13039 W LINEBAUGH AVE
SUITE102
TAMPA, FL 33626 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KABZA, KEITH
Address: 8807 N. RIVER ROAD
City-St-Zip: TAMPA, FL 33035

Title: MGRM () Delete
Name: KABZA, KERRY
Address: 400 E DIEHL RD SUITE 160
City-St-Zip: NAPERVILLE, IL 60563

Title: MGRM () Delete
Name: DENNIS D GENNARO TRUST
Address: 12748 FARMHILL LANE
City-St-Zip: PALOS PARK, IL

ADDITIONS/CHANGES:

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

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: KERRY KABZA

MGRM

04/22/2009

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