


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90099 032 ****50.00

DOCUMENT # L00000011744					
1. Entity Name SYSTEMS SOLUTIONS, LLC					
Principal Place of Business 1120 ENTERPRISE CT SUITE A HOLLY HILL, FL 32117			Mailing Address 1120 ENTERPRISE CT SUITE A HOLLY HILL, FL 32117		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07152004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3673306				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fes Required				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fes Required	
6. Name and Address of Current Registered Agent ROSA, ALEX P 1120 ENTERPRISE CT SUITE A HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name <u>Allen S. O'NEAL</u> Street Address (P.O. Box Number is Not Acceptable) <u>1120 Enterprise Ct</u> <u>ste A</u> City <u>Holly Hill</u> FL <u>32117</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Allen S O'Neal</u> <u>Allen S O'Neal</u> <u>7/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSA, ALEX 1120 A ENTERPRISE CT. HOLLY HILL, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rosa, Alex 1120 A Enterprise Ct ste. A Holly Hill FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rosa, Alex 1120 A Enterprise Ct Holly Hill FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rosa, Alex 1120 A Enterprise Ct Holly Hill FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Allen S O'Neal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>7/15/04</u> <u>386-248-0460</u> <small>Date Daytime Phone #</small>		