
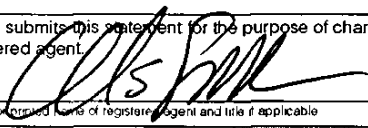
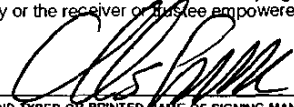


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90047 028 ****50.00

DOCUMENT # L02000019928 1. Entity Name ORION BUSINESS SOLUTIONS, LLC																							
Principal Place of Business 16013 WILMINGTON PLACE TAMPA FL 33647				Mailing Address 14 WILD ROAD HOPKINTON MA 01748																			
2. Principal Place of Business 9309 DEER CREEK DR.		3. Mailing Address P.O. BOX 268																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State TAMPA FL		City & State HOPKINTON MA		4. FEI Number 27-0058782																			
Zip 33647		Country USA		Applied For <input type="checkbox"/> Not Applicable																			
Zip 01748		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent SAYEGH, CHARLES J 16013 WILMINGTON PLACE TAMPA FL 33647				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div> <div style="width: 20%; text-align: right;"> DATE 5-5-05 </div> </div>																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM SAYEGH, CHARLES</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>14 WILD ROAD HOPKINTON MA 01748</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9309 DEER CREEK DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33647</td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MGRM SAYEGH, CHARLES		CITY-ST-ZIP	14 WILD ROAD HOPKINTON MA 01748		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	9309 DEER CREEK DR.		CITY-ST-ZIP	TAMPA, FL 33647	
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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.																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: center;"> 5-5-05 <small>Date</small> </div> <div style="width: 20%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>																							