

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019928

FILED  
Aug 14, 2009  
Secretary of State

**Entity Name:** ORION BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

9309 DEER CREEK DR  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 268  
HOPKINTON, MA 01748

**New Mailing Address:**

P.O. BOX 157  
HOPKINTON, MA 01748

FEI Number: 27-0058782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SAYEGH, CHARLES J  
9309 DEER CREEK DR  
TAMPA, FL 33647      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: SAYEGH, CHARLES  
Address: PO BOX 311  
City-St-Zip: WATERVILLE VALLEY, NH 03215

**ADDITIONS/CHANGES:**

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: CHARLES J. SAYEGH

MGRM

08/14/2009

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