

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021375

Entity Name: SI SOLUTIONS, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

2816 BROADWAY CENTER BLVD
BRANDON, FL 33510 US

New Principal Place of Business:

Current Mailing Address:

2816 BROADWAY CENTER BLVD
BRANDON, FL 33510 US

New Mailing Address:

FEI Number: 52-2376048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, WILLIAM W
2816 BROADWAY CENTER BLVD
BRANDON, FL 33510 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: CASEY, CRAIG S
Address: 816 BIRDIE WAY
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: MGRM () Delete
Name: CASEY, WILLIAM W
Address: 3323 GULF CITY RD
City-St-Zip: RUSKIN, FL 33570 US

Title: MGRM () Delete
Name: CASEY, LEANN T
Address: 3323 GULF CITY RD
City-St-Zip: RUSKIN, FL 33570 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASEY, CRAIG S
Address: 116 ABERDEEN POND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

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: LEANN T. CASEY

MGRM

03/06/2008

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