

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033760

FILED
Apr 20, 2007
Secretary of State

Entity Name: SEGMENT SOLUTIONS, LLC.

Current Principal Place of Business:

604 SHERIDAN WOODS DRIVE
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

604 SHERIDAN WOODS DRIVE
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 13-4226794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, MICHAEL C
604 SHERIDAN WOODS DRIVE
WEST MELBOURNE, FL 32904 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: HAYNES, MICHAEL C
Address: 604 SHERIDAN WOODS DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: MGRM () Delete
Name: HENDERSON, TERRENCE L
Address: 3470 WILLOWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32904 US

Title: MGRM () Delete
Name: HAYNES, NICOLE M
Address: 604 SHERIDAN WOODS DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904 US

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: NICOLE M. HAYNES

MGRM

04/20/2007

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