2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L03000005233

Entity Name: ASOLUTION LLC

Current Principal Place of Business:

1202 MISTWOOD DR
TARPON SPRINGS, FL 34688

New Principal Place of Business:

1207 DINNERBELL LN E
DUNEDIN, FL 34698

Current Mailing Address:

1202 MISTWOOD DR
TARPON SPRINGS, FL 34688

New Mailing Address:

1207 DINNERBELL LN E
DUNEDIN, FL 34698

FEI Number: 61-1442970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETTERLY, JOEL
1202 MISTWOOD DR
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

BETTERLY, JOEL
1207 DINNERBELL LN E
DUNEDINE, FL 34698 US

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: _____ 04/27/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BETTERLY, JOEL
Address: 1202 MISTWOOD DR
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR ( ) Delete
Name: MORIAH, BETTERLY
Address: 1202 MISTWOOD DR
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BETTERLY, JOEL
Address: 1207 DINNERBELL LN E
City-St-Zip: DUNEDIN, FL 34698

Title: MGR (X) Change ( ) Addition
Name: MORIAH, BETTERLY
Address: 1207 DINNERBELL LN E
City-St-Zip: DUNEDIN, FL 34698

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: JOEL BETTERLY MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date