

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021049

Entity Name: EXECUTIVE SOLUTIONS LLC

FILED
Jun 26, 2007
Secretary of State

Current Principal Place of Business:

13472 NORTHUMBERLAND CIR
WELLINGTON, FL 334148914

New Principal Place of Business:

300 BEACH DRIVE NE
#902
ST PETERSBURG, FL 33701

Current Mailing Address:

13472 NORTHUMBERLAND CIR
WELLINGTON, FL 334148914

New Mailing Address:

P.O. BOX 76270
ST PETERSBURG, FL 33734

FEI Number: 35-2207620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TEEPLE, WILLIAM W
1500 CORPORATE CENTER WAY, STE. 202-A
WELLINGTON, FL 33434 US

Name and Address of New Registered Agent:

AMBLARD, MICHEL
300 BEACH DRIVE NE
#902
ST PETERSBURG, FL 33701 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: MICHEL AMBLARD

06/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: TEEPLE, WILLIAM W
Address: 13472 NORTHUMBERLAND CL
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: LU, DORA
Address: 13472 NORTHUMBERLAND CL
City-St-Zip: WEST PALM BEACH, FL 33414

Title: P () Delete
Name: AMBLARD, MICHAL
Address: 1540 GULF BLVD #2104
City-St-Zip: CLEARWATER, FL 33767

Title: P (X) Delete
Name: SPROUSE, JENNIFER
Address: 4854 PENINSULA POINTE DR.
City-St-Zip: HERMITAGE, TN 37076

Title: P () Delete
Name: RAMOS, NITZA
Address: 4841 NW 20TH PLACE
City-St-Zip: COCONUT GROVE, FL 33063

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: TEEPLE, WILLIAM W
Address: P.O. BOX 76270
City-St-Zip: ST PETERSBURG, FL 33734

Title: P (X) Change () Addition
Name: LU, DORA
Address: P.O. BOX 76270
City-St-Zip: ST PETERSBURG, FL 33734

Title: P (X) Change () Addition
Name: AMBLARD, MICHEL
Address: 300 BEACH DRIVE NE #902
City-St-Zip: ST PETERSBURG, FL 33701

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: MICHEL AMBLARD

P

06/26/2007

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