

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021049

FILED
Apr 14, 2009
Secretary of State

Entity Name: EXECUTIVE SOLUTIONS LLC

Current Principal Place of Business:

300 BEACH DRIVE NE
#902
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 76270
ST PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 35-2207620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBLARD, MICHEL
300 BEACH DRIVE NE
#902
ST PETERSBURG, FL 33701 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: P () Delete
Name: TEEPLE, WILLIAM W
Address: P.O. BOX 76270
City-St-Zip: ST PETERSBURG, FL 33734

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

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

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: C/O M AMBLARD P.O. BOX 76270
City-St-Zip: ST PETERSBURG, FL 33734

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

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

PTNR

04/14/2009

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