

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037942

Entity Name: ASCI-SOLUTIONS LLC

FILED  
Aug 03, 2009  
Secretary of State

**Current Principal Place of Business:**

603 WHISPER SOUND STREET  
MINNEOLA, FL 34715 US

**New Principal Place of Business:**

1414 CHANTILLY LANE  
FRANKLIN, TN 37067 US

**Current Mailing Address:**

603 WHISPER SOUND STREET  
MINNEOLA, FL 34715 US

**New Mailing Address:**

1414 CHANTILLY LANE  
FRANKLIN, TN 37067 US

FEI Number: 20-0565921      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:**

SCOTT, ALAN  
603 WHISPER SOUND STREET  
MINNEOLA, FL 34715 US

**Name and Address of New Registered Agent:**

SCOTT, ALAN  
1414 CHANTILLY LANE  
FRANKLIN, FL 37067 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: ALAN SCOTT

08/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCOTT, ALAN  
Address: 603 WHISPER SOUND STREET  
City-St-Zip: MINNEOLA, FL 34715 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCOTT, ALAN  
Address: 1414 CHANTILLY LANE  
City-St-Zip: FRANKLIN, TN 37067 US

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: ALAN SCOTT

MM

08/03/2009

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