

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90050 040 \*\*\*138.75

**DOCUMENT # L03000039687**

1. Entity Name  
**MARKETING SOLUTIONS, LLC**



Principal Place of Business  
**2110 NORTHEAST 39TH STREET, SUITE A-8  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**2110 NORTHEAST 39TH STREET, SUITE A-8  
FORT LAUDERDALE, FL 33308**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**16-1686677**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HUNSBERGER, BYRON D**  
STREET ADDRESS **2110 NORTHEAST 39TH STREET, SUITE A-8**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **TRIANA, RAMON**  
STREET ADDRESS **2110 NORTHEAST 39TH STREET, SUITE A-8**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **TRIANA, RAMON**  
STREET ADDRESS **2110 NORTHEAST 39TH STREET, SUITE A-8**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **HUNSBERGER, BYRON D**  
STREET ADDRESS **2110 NORTHEAST 39TH STREET, SUITE A-8**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Byron D. Hunsberger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Byron D. Hunsberger**

**8-11-08**

**954-568-9861**