

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030904

FILED
Feb 13, 2008
Secretary of State

Entity Name: VERSATECH SOLUTIONS, LLC

Current Principal Place of Business:

4413 CITADEL DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

4413 CITADEL DRIVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 04-3788140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINGS, JONATHAN DEXTE
4413 CITADEL DRIVE
PENSACOLA, FL 32514 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: MGRM () Delete
Name: CUMMINGS, JONATHAN DEXTE
Address: 4413 CITADEL DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM () Delete
Name: MILLER, WILLIAM
Address: 10878 BERRY HILL ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM () Delete
Name: HOLLENBACK, TERRY
Address: 13703 THISTLEWOOD DR. EAST
City-St-Zip: CARMEL, IN 46032

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HOLLENBACK, TERRY
Address: 10809 CROSS CUT DRIVE
City-St-Zip: PENSACOLA, FL 32506

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: JONATHAN CUMMINGS

MGRM

02/13/2008

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