

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056952

Entity Name: EBUSINESS SOLUTIONS, LLC

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

9369 SHERIDAN ST.
SUITE 701
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

9369 SHERIDAN ST.
SUITE 701
COOPER CITY, FL 33024

New Mailing Address:

FEI Number: 16-1705545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHESNEY, SHAWN
9369 SHERIDAN ST.
SUITE 701
COOPER CITY, FL 33024 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: SHAWN CHESNEY

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHESNEY, SHAWN
Address: 9000 SHERIDAN STREET, PMB 17
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Delete
Name: CHESNEY, MILA
Address: 9000 SHERIDAN STREET, PMB 17
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHESNEY, SHAWN
Address: 9369 SHERIDAN STREET, SUITE 701
City-St-Zip: COOPER CITY, FL 33024

Title: MGR (X) Change () Addition
Name: CHESNEY, MILA
Address: 9369 SHERIDAN STREET, SUITE 701
City-St-Zip: COOPER CITY, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN CHESNEY

MGR

02/06/2007

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