

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061298

FILED  
Sep 22, 2009  
Secretary of State

**Entity Name:** APPLICATION DEVELOPMENT SOLUTIONS, LLC.

**Current Principal Place of Business:**

333 SOUTH STATE ST, SUITE V444  
LAKE OSWEGO, OR 97034 US

**New Principal Place of Business:**

**Current Mailing Address:**

333 SOUTH STATE ST, SUITE V444  
LAKE OSWEGO, OR 97034 US

**New Mailing Address:**

FEI Number: 34-2016761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

BARRERA, JORGE A  
3601 CYPRESS GARDENS ROAD  
SUITE G  
WINTER HAVEN, FL 33884 US

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

BARRERA, JORGE A  
1555 NORTH SHORE DRIVE  
SUITE 4  
MIAMI BEACH, FL 33141 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:

09/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARRERA, JORGE A  
Address: 1021 WEST LAKE ELOISE TERRACE  
City-St-Zip: WINTER HAVEN, FL 33884 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARRERA, JORGE A  
Address: 333 S STATE STREET STE V444  
City-St-Zip: LAKE OSWEGO, OR 97034 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: JORGE A BARRERA

MM

09/22/2009

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