2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063956

Entity Name: SYSSOL, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3326 COCONUT GROVE RD 2209 COLLIER PARKWAY #303 LAND O LAKES, FL 34639 LAND O LAKES, FL 34639

Current Mailing Address: New Mailing Address:

3326 COCONUT GROVE RD
LAND O LAKES, FL 34639
2209 COLLIER PARKWAY #303
LAND O LAKES, FL 34639

FEI Number: 03-0469647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VILLA, RAMON J II
6329 DESERT PEACE AVE
LAND O LAKES, FL 34639 US
VILLA, RAMON J II
2209 COLLIER PARKWAY #303
LAND O LAKES, FL 34639 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: 04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title:MGRM () DeleteTitle:MGRM (X) Change () AdditionName:VILLA, RAMON J IIName:VILLA, RAMON J IIAddress:6329 DESERT PEACE AVEAddress:2209 COLLIER PARKWAY #303

City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete Title: () Change () Addition Name: SCHWARZ, DAVID C Name: Address: 3326 COCONUT GROVE RD Address: City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip:

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: RAMON JOSEPH VILLA II MGRM 04/29/2009