

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086154

Entity Name: ATON SOLUTIONS, LLC

FILED
Jun 29, 2006
Secretary of State

Current Principal Place of Business:

123 NW 13TH ST #225
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

123 NW 13TH ST #225
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-1950743 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:

Name and Address of New Registered Agent:

JUAN, ZUETTA
123 NW 13TH ST
#225
BOCA RATON, FL 33432 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZUETTA, JUAN
Address: 123 NW 13TH ST #225
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: PELLEGRINO, ANTHONY
Address: 123 NW 13TH ST #225
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: SKORO, VIADISLAV
Address: 123 NW 13TH ST #225
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

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

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

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

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: JUAN ZUETTA

CEO

06/29/2006

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