

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089614

FILED
Jul 05, 2008
Secretary of State

Entity Name: PROJECT SOLUTIONS OF FLORIDA LLC

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 800 - WEST TOWER
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

2215 SLOANE PLACE
WELLINGTON, FL 33414 US

Current Mailing Address:

777 SOUTH FLAGLER DRIVE
SUITE 800 - WEST TOWER
WEST PALM BEACH, FL 33401 US

New Mailing Address:

2215 SLOANE PLACE
WELLINGTON, FL 33414 US

FEI Number: 43-2069392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DOOPAN, SANDRA
3606 LOTHAIK AVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

DOOPAN, SANDRA
2215 SLOANE PLACE
WELLINGTON, FL 33414 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: _____

07/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULKHAJ, BARRY
Address: 3606 LOTHAIK AVE
City-St-Zip: BOYNTON BEACH, FL 33436 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MULKHAJ, BARRY
Address: 2215 SLOANE PLACE
City-St-Zip: WELLINGTON, FL 33414 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: BARRY MULKHAJ

GM

07/05/2008

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