

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003385

Entity Name: VBN SOLUTIONS LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

5191 SW 131 TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

5191 SW 131 TERRACE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-2164666 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:

BALLA, VINOD K
16884 SW 1 PL
PEMBROKE PINES, FL 33027 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: MGRM () Delete
Name: BALLA, VINOD K
Address: 16884 SW 1 PL
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: KAKANI, NISHANT
Address: 5191 SW 131 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM () Delete
Name: PINNITY, BALAJI
Address: 5190 SW 139 TERRACE
City-St-Zip: MIRAMAR, FL 33027

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 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: VINOD BALLA

MGMR

07/05/2007

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