

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015812

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: COMPLYANT SOLUTIONS, LLC

**Current Principal Place of Business:**

10012 N. DALE MABRY  
STE. 214  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10012 N. DALE MABRY  
STE. 214  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 33-1111712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE STREET  
#185  
TALLAHASSEE, FL 32304 US

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

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: RANCIATO, ALAN  
Address: 21933 SW 95 PLACE  
City-St-Zip: MIAMI, FL 33190

Title: MGRM ( ) Delete  
Name: MAKAL, MARY  
Address: 22914 EAGLES WATCH DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM ( ) Delete  
Name: ASHE, PAUL  
Address: 16116 IVY LAKE DRIVE  
City-St-Zip: ODESSA, FL 33556

**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: MARY MAKAL

MGRM

04/28/2007

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