

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026656

Entity Name: CORTEX SOLUTIONS, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

17 PARKINSONIA COURT
APT. 207
WINTER SPRINGS, FL 32708

Current Mailing Address:

17 PARKINSONIA COURT
APT. 207
WINTER SPRINGS, FL 32708

New Principal Place of Business:

17 PARKINSONIA COURT
APT. 104
WINTER SPRINGS, FL 32708

New Mailing Address:

17 PARKINSONIA COURT
APT. 104
WINTER SPRINGS, FL 32708

FEI Number: 26-0109224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, OMAR
17 PARKINSONIA COURT
APT 207
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

CORTES, OMAR
17 PARKINSONIA COURT
APT 104
WINTER SPRINGS, FL 32708 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: OMAR CORTES

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORTES, OMAR
Address: 17 PARKINSONIA COURT APT 207
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: CORTES, TERRI M
Address: 17 PARKINSONIA COURT APT 207
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CORTES, OMAR
Address: 17 PARKINSONIA COURT APT 104
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM (X) Change () Addition
Name: CORTES, TERRI M
Address: 17 PARKINSONIA COURT APT 104
City-St-Zip: WINTER SPRINGS, FL 32708

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: OMAR CORTES

MGR

04/13/2009

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