2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90084 018 ***138.75

DOCUMENT # L05000037382

1. Entity Name
LEGAL SOLUTIONS OF FLORIDA, LLC

Principal Place of Business	Mailing Address
1365 ROSALIE CT KISSIMMEE FL 34744	1365 ROSALIE CT KISSIMMEE FL 34744

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
318 N John young Parkway		318 N. John young Parkway	
Suite, Apt. #, etc.: 6		Suite, Apt. #, etc.: 6	
City & State: Kissimmee Fl		City & State: Kissimmee Fl	
Zip: 34741	Country: USA	Zip: 34741	Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, JOHN K JR
1365 ROSALIE CT
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name: Schwartz, John K Jr
Street Address (P.O. Box Number is Not Acceptable): 318 N John young Parkway #6
City: Kissimmee FL Zip Code: 34741

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] John K Schwartz Jr 3/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	SCHWARTZ, JOHN K JR		NAME	Schwartz, John K Jr	
STREET ADDRESS	1365 ROSALIE CT		STREET ADDRESS	318 N. John Young Parkway # 6	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	Kissimmee Fl 34741	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] John K Schwartz, Jr 3/13/08 407-932-2883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #