## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000061193

Address:

132 S.W. 58TH AVE

City-St-Zip: PLANTATION, FL 33317

Entity Name: ALPHAOMEGA SOLUTIONS, L.L.C.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	4TH STREET ION, FL 33317			
Current Mailing Address:			New Mailing Address:	
5620 S.W. PLANTAT	4TH STREET ION, FL 33317			
FEI Number	: 20-3030460	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
PLANTAT	4TH STREET ION, FL 33317	US  Job of the statement for statement for the statement for the statement for the statement for statement for statement for statement for statement for sta	ourpose of changing its registere	d office or registered agent, or both
	e of Florida.		our pood or origing the regional	a omeo er regioterea agent, er bean
SIGNATUI	RE:			
	Electronic	Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () E MUSIBAY, ARIEL 5620 S.W. 4TH S PLANTATION, FL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () E MUSIBAY, BREN 5620 S.W. 4TH S PLANTATION, FL	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () E ROTGER, JOSE 132 S.W. 58TH A PLANTATION, FL	VE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	MGR () E ROTGER, LAURA	Delete A.J	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: ARIEL A. MUSIBAY PRES 04/02/2009