

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071251

**FILED**  
**Jul 12, 2007**  
**Secretary of State**

**Entity Name:** ORIGIN TECHNICAL SOLUTIONS LLC

**Current Principal Place of Business:**

411 EAST CAROLINA STREET  
APT. #224  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

3432 THRESHER DRIVE  
TALLAHASSEE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

P.O. BOX 38220  
TALLAHASSEE, FL 32315

**New Mailing Address:**

**FEI Number:** 14-1934103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SCOTT, JONATHAN T  
411 EAST CAROLINA STREET  
APT. #224  
TALLAHASSEE, FL 32301 US

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

SCOTT, JONATHAN T  
3432 THRESHER DRIVE  
TALLAHASSEE, FL 32312 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: JONATHAN T SCOTT

07/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCOTT, JONATHAN T  
Address: P.O. BOX 38220  
City-St-Zip: TALLAHASSEE, FL 32315

**ADDITIONS/CHANGES:**

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: JONATHAN T SCOTT

MGRM

07/12/2007

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