

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072768

FILED
Aug 01, 2008
Secretary of State

Entity Name: FULCRUM BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

2070 STOCKTON DRIVE
SANFORD, FL 32771 US

New Principal Place of Business:

3736 S. LAKE ORLANDO PKWY.
ORLANDO, FL 32808 US

Current Mailing Address:

501 N. ORLANDO AVE.
STE. 313-256
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-3271494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

KING, KELLY
3736 S. LAKE ORLANDO PKWY
ORLANDO, FL 32808 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: RIEDEL, CHRISTOPHER K
Address: 2070 STOCKTON DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM (X) Delete
Name: KING, KELLY A
Address: 3736 S. LAKE ORLANDO PKWY.
City-St-Zip: ORLANDO, FL 32808 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KING, KELLY A
Address: 3736 S. LAKE ORLANDO PKWY.
City-St-Zip: ORLANDO, FL 32808 US

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: KELLY A. KING

MGRM

08/01/2008

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