## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000072866

Address:

City-St-Zip:

WINTER SPRINGS, FL 32708

Entity Name: ASPIRING SOLUTIONS, LLC

**FILED** May 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 125 SOUTH SWOOPE AVENUE 125 SOUTH SWOOPE AVENUE SUITE 213 213 MAITLAND, FL 32751 MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** 125 SOUTH SWOOPE AVENUE 125 SOUTH SWOOPE AVENUE SUITE 213 MAITLAND, FL 32751 MAITLAND, FL 32751 FEI Number: 33-1122170 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: Name and Address of New Registered Agent: ADAMS, SCOTT ADAMS, SCOTT 125 SOUTH SWOOPE AVENUE 125 SOUTH SWOOPE AVENUE SUITE 213 213 MAITLAND, FL 32751 US MAITLAND, FL 32751 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: 05/15/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ADAMS, SCOTT Name: Name: Address: 8727 HARBOR VIEW DRIVE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ADAMS, CATHY Name: Address: 8727 HARBOR VIEW DRIVE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CRONEN, JULIE Name: Name: 307 BURLEIGH COURT

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: SCOTT A. ADAMS **MGRM** 05/15/2007