
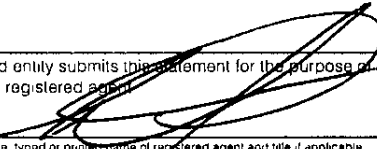



2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 10 PM 1:50

DOCUMENT # L05000081347 1. Entity Name A-1 SOLUTIONS, LLC					
Principal Place of Business 8230 SW 8TH COURT NORTH LAUDERDALE, FL 33068			Mailing Address 8230 SW 8TH COURT NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business - No P.O. Box # 8230 SW 8th		3. Mailing Address Same			
Suite, Apt. #, etc. NORTH LAUDERDALE FL		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 33068		Country USA		Zip 	
Country 		4. FEI Number 20-3337831			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ACEVEDO, MARCOS 4781 N. CONGRESS AVE #119 BOYTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 		
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.			DATE 6/11/10		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE 		
FILE NOW!!! FEE IS \$138.75 Due by September 24, 2010		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTIZ, ALEXANDER 8230 SW 8TH COURT NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTIZ, LOURDES I 8230 SW 8TH COURT NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date JUN 7, 2010		
Daytime Phone #			9546826566		



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 27, 2010

ALEXANDER ORTIZ
8230 SW 8 CT
N LAUDERDALE, FL 33068

SUBJECT: A-1 SOLUTIONS, LLC
Ref. Number: L05000081347

We have received your document for A-1 SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As per our phone conversation on May 27, 2010, I'm enclosing the Articles of revocation for your LLC and also the 2010 Annual report. You have already sent in the payment of \$ 125.00. You will need to send in additional payment of \$ 113.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 910A00013360