

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083025

FILED  
Sep 08, 2009  
Secretary of State

Entity Name: EXCHANGE SOLUTIONS, LLC

**Current Principal Place of Business:**

1551 NW 82 AVENUE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1551 NW 82 AVENUE  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 54-2181507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMES K. RUBIN, P.A.  
1100 NE 163RD STREET  
STE 101  
NORTH MIAMI BEACH, FL 33162 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: KAPITANY, JANOS  
Address: 1551 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: SYRIANI, RENE  
Address: 1551 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: MEJIA, JUAN FERNANDO  
Address: 1551 NW 82 AVENUE  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANOS KAPITANY

MGRM

09/08/2009

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