2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000098420

PROVISION TECHNOLOGY SOLUTIONS, LLC



FILED Mar 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

117 E. AMELIA ST ORLANDO, FL 32801 US 117 E. AMELIA ST ORLANDO, FL 32801

US



03052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3578377		Not Applicab
5. Certificate of Status Desired	\$5.00 /	Additional

6. Name and Address of Current Registered Agent

PHILLIPS, JOSHUA M

DO NOT WRITE

ORLANDO, FL 32801		IN THIS SPACE
	named entity submits this statement for the purpose of chains of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
0.0	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent aignature required when reinstating) DATE
	NOW!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	U00000865486 04/07/08-80030-018 138.75
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM PHILLIPS, JOSHUA M 117 E. AMELIA ST ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		

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.

STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE