FILED
May 21, 2007 8:00 am
Secretary of State
04-30-2007 90058 038 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000115815

1. Entity Name
VIRTUAL OFFICE SOLUTIONS, LLC

30008323

Principal Place of Business
135 WEST CENTRAL BOULEVARD, SUITE 730
ORLANDO, FL 32801

Mailing Address
135 WEST CENTRAL BOULEVARD, SUITE 730
ORLANDO, FL 32801

04192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7803 Southland blvd	7803 southland blvd
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State Orlando Fl	City & State Orlando Fl
Zip 32809-6978 County Orange	Zip 32809-6978 County Orange

4. FEI Number 20-3871614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
1515 INTERNATIONAL PARKWAY, SUITE 2001
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE Brannon Wright
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WRIGHT, BRANNON ~~135 WEST CENTRAL BOULEVARD, SUITE 730~~ ~~ORLANDO, FL 32801~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wright, Brannon WP 368 Hammock Dunes Place Orlando, FL 32828 x Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kuykendall, Cheryl R VP 707 Ironwood Court Orlando, FL 32708 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Brannon Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #