## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000115815**

1. Entity Name

VIRTUAL OFFICE SOLUTIONS, LLC



Principal Place of Business

Mailing Address

7803 SOUTHLAND BLVD 203

7803 SOUTHLAND BLVD

2

ORLANDO, FL 32809 ORLANDO, FL 32809

## FILED Feb 25, 2008 8:00 am Secretary of State

02-25-2008 90135 027 \*\*\*138.75

60010398



DATE

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01212008 No Chg-LLC CR2E083 (12/07)

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

Signature, typed or printed name of registered agent and title if applicable

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

## DO NOT WRITE IN THIS SPACE

|    | . The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent. | Florida. I am familiar with, and accept |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| SI | IGNATURE                                                                                                                                                                             |                                         |

(NOTE: Registered Agent signature required when reinstating)

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

|   | 9.             | MANAGING MEMBERS/MANAGERS |
|---|----------------|---------------------------|
|   | TITLE          | WP                        |
|   | NAME           | WRIGHT, BRANNON           |
|   | STREET ADDRESS | 368 HAMMOCK DUNES PLACE   |
|   | CITY-ST-ZIP    | ORLANDO, FL 32828         |
|   | TITLE          | V                         |
|   | NAME           | KUYKENDALL, CHERYL R      |
|   | STREET ADDRESS | 707 IRONWOOD CRT          |
|   | CITY-ST-ZIP    | WINTER SPRINGS, FL 32708  |
| ĺ | TITLE          |                           |
|   | NAME           |                           |
| ı | STREET ADDRESS |                           |
|   | CITY-ST-ZIP    |                           |
|   | TITLE          |                           |
|   | NAME           |                           |
|   | STREET ADDRESS |                           |
|   | CITY-ST-ZIP    |                           |
|   | TITLE          |                           |
| l | NAME           |                           |
| l | STREET ADDRESS |                           |
| L | CITY-ST-ZIP    |                           |
| ĺ | TITLE          | ·                         |
|   | NAME           |                           |
| ĺ | STREET ADDRESS |                           |
| ١ | CITY-ST-ZIP    |                           |
| r |                |                           |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: Kerf Kereflenderl

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