2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L06000000366

Entity Name: UNSECURED SOLUTIONS, LLC

Current Principal Place of Business:

3020 N.E. 32ND AVE., UNIT 1512
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

2755 EAST OAKLAND PARKLAND BLVD
301
FT. LAUDERDALE, FL 33306

Current Mailing Address:

3020 N.E. 32ND AVE., UNIT 1512
FT. LAUDERDALE, FL 33308

New Mailing Address:

2755 EAST OAKLAND PARKLAND BLVD
301
FT. LAUDERDALE, FL 33306

FEI Number: 54-2190802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE DRIVE, SUITE 4
WESTON, FL 33331 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: MGR ( ) Delete
Name: PIRES, THOMAS
Address: 3020 N.E. 32ND AVE., UNIT 1512
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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: THOMAS PIRES OWNE 04/03/2008

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