

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011648

FILED
May 13, 2009
Secretary of State

Entity Name: EASTSIDE COMPUTER SOLUTIONS, LLC

Current Principal Place of Business:

1700 DEPOT AVE
BAY3
DELRAY BEACH, FL 33444

New Principal Place of Business:

1700 DEPOT AVE
BAY 3
DELRAY BEACH, FL 33444

Current Mailing Address:

1700 DEPOT AVE
BAY3
DELRAY BEACH, FL 33444

New Mailing Address:

1700 DEPOT AVE
BAY 3
DELRAY BEACH, FL 33444

FEI Number: 20-4426569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COOK, BRIAN
5320 ADAMS RD
DELRAY BEACH, FL 33484 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: COOK, BRIAN S
Address: 5320 ADAMS RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGR () Delete
Name: COOK-MATTE, SARAH A
Address: 5320 ADAMS RD
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: COOK MATTE, SARAH A
Address: 5320 ADAMS RD
City-St-Zip: DELRAY BEACH, FL 33484

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: SARAH A MATTE COOK

MGR

05/13/2009

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