

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027731

FILED  
Aug 18, 2007  
Secretary of State

Entity Name: HOST-US SOLUTIONS, LLC

**Current Principal Place of Business:**

4201 COLLINS AVE  
SUITE 2001  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5224 HARVEST RIDGE LANE  
BIRMINGHAM, AL 35242 US

**New Mailing Address:**

FEI Number: 20-4503365      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:**

**Name and Address of New Registered Agent:**

BRUMLIK, JULIE  
4201 COLLINS AVE  
SUITE 2001  
MIAMI BEACH, FL 33140 US

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: MGRM ( ) Delete  
Name: BRUMLIK, JULIE  
Address: 4201 COLLINS AVE SUITE 2001  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MNG ( ) Change (X) Addition  
Name: SANDUSKY, ROB  
Address: 5224 HARVEST RIDGE LANE  
City-St-Zip: BIRMINGHAM, AL 35242 US

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: ROB SANDUSKY

MNG

08/18/2007

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