2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048521

FILED
Apr 20, 2009
Secretary of State

Entity Name: ENTERPRISE MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

11341 HENDON DRIVE
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

11341 HENDON DRIVE
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, KAREN M
11341 HENDON DRIVE
JACKSONVILLE, FL 32246 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: MGRM ( ) Delete
Name: CHAPMAN, KAREN M
Address: 11341 HENDON DRIVE
City-St-Zip: JACKSONVILLE, FL 32246 US

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: KAREN M. CHAPMAN MGRM 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date