

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055179

Entity Name: FAB SOLUTIONS, LLC

FILED
Sep 26, 2008
Secretary of State

Current Principal Place of Business:

301 GOLDEN ISLE DR, 211
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

301 GOLDEN ISLE DRIVE
211
HALLANDALE BEACH, FL 33009

Current Mailing Address:

301 GOLDEN ISLE DR, 211
HALLANDALE BEACH, FL 33009

New Mailing Address:

301 GOLDEN ISLE DRIVE
211
HALLANDALE BEACH, FL 33009

FEI Number: 42-1705576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BLANCO, FRANCISCO A
16133 SW 139 AVE
MIAMI, FL 331771934 US

Name and Address of New Registered Agent:

BLANCO, FRANCISCO A CEO
301 GOLDEN ISLE DRIVE, 211
HALLANDALE BEACH, FL 33009 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: FRANCISCO A. BLANCO

09/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BLANCO, FRANCISCO A
Address: 16133 SW 139 AVE
City-St-Zip: MIAMI, FL 331771934

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BLANCO, FRANCISCO A
Address: 301 GOLDEN ISLE DRIVE, 211
City-St-Zip: HALLANDALE BEACH, FL 33009

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: FRANCISCO A. BLANCO

CEO

09/26/2008

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