

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000055451

**FILED**  
**Apr 20, 2009**  
**Secretary of State****Entity Name:** O2 SOLUTIONS, LLC**Current Principal Place of Business:**1441 SAVANNAH RD.  
SUITE B  
TARPON SPRINGS, FL 34689 US**New Principal Place of Business:**1441 SAVANNAH AVE.  
SUITE B  
TARPON SPRINGS, FL 34689 US**Current Mailing Address:**1441 SAVANNAH RD.  
SUITE B  
TARPON SPRINGS, FL 34689 US**New Mailing Address:**1441 SAVANNAH AVE.  
SUITE B  
TARPON SPRINGS, FL 34689 US**FEI Number:** 14-1964996**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHUETTE, MELISSA  
4990 CAMBRIDGE BLVD. 203  
PALM HARBOR, FL 34685 US**Name and Address of New Registered Agent:**KASPER, KIM  
4080 AMBER LANE  
PALM HARBOR, FL 34685 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: KIM KASPER

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: SCHUETTE, MELISSA  
Address: 4990 CAMBRIDGE BLVD. 203  
City-St-Zip: PALM HARBOR, FL 34685 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change ( ) Addition  
Name: KASPER, NAHEED  
Address: 4080 AMBER LANE  
City-St-Zip: PALM HARBOR, FL 34685 USTitle: MGRM ( ) Change (X) Addition  
Name: DOYLE, RICHARD  
Address: 1816 HARBOR CIRCLE EAST  
City-St-Zip: LARGO, FL 33770Title: MGRM ( ) Change (X) Addition  
Name: DOYLE, MAUREEN  
Address: 1816 HARBOR CIRCLE EAST  
City-St-Zip: LARGO, FL 33770Title: MGRM ( ) Change (X) Addition  
Name: ALSTOTT, MICHAEL  
Address: 7019 1ST AVE. S.  
City-St-Zip: ST. PETERSBURG, FL 33707

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: NAHEED KASPER

MGRM

04/20/2009

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