2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90329 043 ****50.00

04302007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000067010

1. Entity Name
HIGHER LEVEL SOLUTIONS, LLC

Principal Place of Business	Mailing Address
1194 COPPER CREEK DRIVE TALLAHASSEE, FL 32311	P.O. BOX 10055 TALLAHASSEE, FL 32302

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7922 N Southwood Circle	P.O. Box # 848096
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Pembroke Pines, FL
Zip: 33328 Country: USA	Zip: 33084 Country: USA

4. FEI Number: 22-3936967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENEAS, RAYMOND D 1194 COPPER CREEK DRIVE TALLAHASSEE, FL 32311	Name: Raymond Eneas Street Address (P.O. Box Number is Not Acceptable): 7922 N Southwood Circle City: Davie **FL** Zip Code: 33328

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-30-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ENEAS, RAYMOND D 1194 COPPER CREEK DRIVE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Raymond Eneas 7922 N Southwood Circle Davie FL 33328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ENEAS, BROOK M 1194 COPPER CREEK DRIVE TALLAHASSEE, FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Brook M. Eneas 7922 N. Southwood Circle Davie FL 33328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 4-30-2007 954678 3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #