

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068164

Entity Name: JEER SOLUTIONS, LLC

FILED  
Jun 17, 2009  
Secretary of State

**Current Principal Place of Business:**

500 TORTUGA WAY  
W MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

500 TORTUGA WAY  
W MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

ESPEJO, JOSE V  
500 TORTUGA WAY  
W MELBOURNE, FL 32904 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: MGR ( ) Delete  
Name: ESPEJO, JOSE V  
Address: 500 TORTUGA WAY  
City-St-Zip: W MELBOURNE, FL 32904

Title: MGR ( ) Delete  
Name: RIVERA, ELIEZER E  
Address: 1874 NW 45TH CT  
City-St-Zip: TAMARAC, FL 33309

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: RIVERA, ELIEZER E MGR  
Address: 7301 NW 11TH PLACE  
City-St-Zip: PLANTATION, FL 33313

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: JOSE ESPEJO

MGR

06/17/2009

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