

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075717

FILED
Apr 10, 2008
Secretary of State

Entity Name: ECHART SOLUTIONS, LLC

Current Principal Place of Business:

2203 CLIMBING IVY DRIVE
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

2203 CLIMBING IVY DRIVE
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 20-5308728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULMER, RICHARD K
2203 CLIMBING IVY DRIVE
TAMPA, FL 33615 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: HENDERSON, MELISSIA
Address: 1032 SPANISH OAKS BLVD
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM () Delete
Name: HURST, STACIE
Address: 4651 ADDAX DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: MGRM () Delete
Name: FULMER, RICHARD K
Address: 2203 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FANNING, DEBORAH A
Address: 3427 BEECH TRAIL
City-St-Zip: CLEARWATER, FL 33761 US

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: RICHARD K FULMER

MGRM

04/10/2008

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