2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L06000085885

Entity Name: CENTRAL FLORIDA IT SOLUTIONS, LLC

Current Principal Place of Business:

2563 LOGANDALE DRIVE
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

2563 LOGANDALE DRIVE
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 20-5472692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER, P.A.
% REBECCA HEIST
501 E. KENNEDY BLVD., STE 1700
TAMPA, FL 33602 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: MR. ( ) Delete
Name: BROOKS, SCOTT D
Address: 2563 LOGANDALE DRIVE
City-St-Zip: ORLANDO, FL 32817 US

Title: MR. ( ) Delete
Name: SHUGARTS, BRYON L
Address: 7316 CATAMARAN DRIVE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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

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: SCOTT BROOKS MR. 02/05/2009

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