

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092071

FILED
Jun 21, 2007
Secretary of State

Entity Name: ACORA PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

4018 24TH AVE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

PRINCIPAL BOX OFFICE 7242
ST. PETERSBURG, FL 33713

Current Mailing Address:

P.O. BOX 7242
ST. PETERSBURG, FL 33734

New Mailing Address:

FEI Number: 20-8037254 FEI Number Applied For () FEI Number Not Applicable () 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:

PHOTHISARATH, THASACORN
4018 24TH AVE NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

PHOTHISARATH, THASACORN
PRINCIPAL BOX OFFICE 7242
ST. PETERSBURG, FL 33713 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:

06/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHOTHISARATH, THASACORN
Address: P.O. BOX 7242
City-St-Zip: ST. PETERSBURG, FL 33734

Title: MGRM () Delete
Name: BERGIN, NICK
Address: P.O. BOX 7242
City-St-Zip: ST. PETERSBURG, FL 33734

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: THASACORN PHOTHISARATH

MGRM

06/21/2007

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