# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 31, 2008**
**Secretary of State**

DOCUMENT# L06000092518

**Entity Name:** EQUALIZER SOLUTIONS, LLC

**Current Principal Place of Business:**

665 NE 195 STREET
SUITE 227
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

665 NE 195 STREET
SUITE 227
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number: 20-5574012** **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:**

LEE, QUINCY D
665 NE 195 STREET
SUITE 227
NORTH MIAMI BEACH, FL 33179 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: | CEO | ( ) Delete |
| Name: | LEE, QUINCY D | |
| Address: | 665 NE 195 STREET, SUITE 227 | |
| City-St-Zip: | NORTH MIAMI BEACH, FL 33179 | |
| Title: | EVP | (X) Delete |
| Name: | HARRIS, JULIA M | |
| Address: | 665 NE 195 STREET, SUITE 227 | |
| City-St-Zip: | NORTH MIAMI BEACH, FL 33179 | |
| Title: | VP | (X) Delete |
| Name: | LEE, RESHAUNDA M | |
| Address: | 665 NE 195 STREET, SUITE 227 | |
| City-St-Zip: | NORTH MIAMI BEACH, FL 33179 | |
| Title: | AVP | (X) Delete |
| Name: | CLARK, DELILAH M | |
| Address: | 2416 IDLEWILD DRIVE | |
| City-St-Zip: | SPRINGFIELD, IL 62704 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: QUINCY D. LEE CEO 05/31/2008

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