2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 19, 2008
Secretary of State

DOCUMENT# L06000097791

Entity Name: CAMEO SOLUTIONS, LLC

Current Principal Place of Business:

226 NORTH NOVA ROAD
SUITE 164
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

4920 STATE ROAD 11
DELEON SPRINGS, FL 32130 US

Current Mailing Address:

226 NORTH NOVA ROAD
SUITE 164
ORMOND BEACH, FL 32174 US

New Mailing Address:

4920 STATE ROAD 11
DELEON SPRINGS, FL 32130 US

FEI Number: 20-5667390 **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:

HUCKS, DANIEL P
4920 STATE ROAD 11
DELEON SPRINGS, FL 32130 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: HUCKS, DANIEL P
Address: 4920 STATE ROAD 11
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: MGRM ( ) Delete
Name: HUCKS, LYNDA M
Address: 4920 STATE ROAD 11
City-St-Zip: DELEON SPRINGS, FL 32130 US

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: DANIEL P. HUCKS MGRM 09/19/2008

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