

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101936

Entity Name: XERION SOLUTIONS, L.L.C.

FILED
Apr 08, 2007
Secretary of State

Current Principal Place of Business:

1248 PARADISE POND ROAD
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1248 PARADISE POND ROAD
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 41-2220827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITTINGER, ANN ESQ
238 PONTE VERDA PARK DRIVE, SUITE 102
PONTE VERDA, FL 32082 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: BOUR, JOSEPH P
Address: 1248 PARADISE POND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: BOUR, KRISTINE T
Address: 1248 PARADISE POND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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 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: JOSEPH BOUR

PR

04/08/2007

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