2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000103869

Entity Name
 ORANGE SOLUTIONS TEAM LLC



FILED Jan 08, 2007 8:00 am **Secretary of State**

01-08-2007 90207 012 ****50.00

				7			
Principal Place of Business		Mailing Address					
125 EAST MERRITT ISLAND CAUSEWAY SUITE 209, MAILBOX #126 MERRITT ISLAND, FL 32952		125 EAST MERRITT ISLAND CAUSEWAY SUITE 209, MAILBOX #126 MERRITT ISLAND, FL 32952		4 (88) 8) 4 (81)			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01032007 C	hg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 237 45	608	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	□ \$5.00 Addi Fee Required	
	6. Name and Address of Current	Registered Agent	N	7. Name and Add	ress of New Rec	gistered Agent	
CDICCEL	OLITOFOA DA		Name				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Street Addre		Not Acceptable)		
MIAMI, FL							
			City			FL Zip Code	
	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Flori	da. I am familiar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed of printed name of registered agent	and title if anolicable (INCITE	: Registered Agent signature requ	ered when reinstatum)		DATE	
	aginitae, types of printed fraction of together agent	The state of the s					
Filing Fee is \$50.00 Due by May 1, 2007						check payable to Department of State	•
9.	MANAGING MEMBE	ERS/MANIAGERS	10.		ADDITIONS/C	HANGES	
TITLE	MGR	☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	MITCHELL, SAMUEL C JR.	<u> </u>	NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP				
TITLE	ST SAMUEL CUR	Delete	TITLE NAME			☐ Change	Addition
NAME STREET ADDRESS	MITCHELL, SAMUEL C JR. 125 E.MERRIT IS, CSEWY., STI	E. 209. MB 126	STREET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		□ Delete	TITLE			Change	Addition
TITLE NAME	1	- Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZEP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIF				
I IIILE		☐ Delete	TITLE			☐ Change	Addition
NAME		☐ Delete	TITLE NAME			Change	Addition
		☐ Delete				☐ Change	Addition Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

J SAMUEL C. MITCHELL (MGR) 3 JAN 2007 (321) 591-0478