

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105654

Entity Name: DREDON SOLUTIONS LLC

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

500 NW 102ND TERRACE  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:****Current Mailing Address:**

500 NW 102ND TERRACE  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 56-2643853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHPALY CORADIN PA  
11601 BISCAYNE BLVD STE 211  
MIAMI, FL 33181 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: MRS ( ) Delete  
Name: FRASER, FAMIN M MGRM  
Address: 500 NW 102ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

**ADDITIONS/CHANGES:**

Title: MR. ( ) Delete  
Name: FRASER, MELVIN A MGRM  
Address: 500 NW 102ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: FAMIN FRASER

MRS

04/01/2009

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