

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106434

FILED
Mar 13, 2008
Secretary of State

Entity Name: FULL SPECTRUM SOLUTIONS, LLC

Current Principal Place of Business:

5440 NW 33 AVENUE
SUITE 106
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5440 NW 33 AVENUE
SUITE 106
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 20-5895504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, RYAN C MEMB
5440 NW 33 AVE
SUITE 106
FT. LAUDERDALE, FL 33309 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: SILVER, RYAN C MGRM
Address: 5440 NW 33 AVENUE, SUITE 106
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: SILVER, SCOTT R MEMB
Address: 5440 NW 33 AVENUE, SUITE 106
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: SILVER, JUDD S MEMB
Address: 5440 NW 33 AVENUE, SUITE 106
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: CHAMPAGNIE, SAMORI MEMB
Address: 5440 NW 33 AVE # 106
City-St-Zip: FT. LAUDERDALE, FL 33309

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: RYAN C. SILVER

MEMB

03/13/2008

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