2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106706

Entity Name: LESTER'S ORGANIZED SOLUTIONS LLC

FILED Jul 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12738 SERENADE CIR S 12627 LINKS TERRACE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

12738 SERENADE CIR S 12627 LINKS TERRACE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

LESTER, KATIE LESTER, KATIE

12738 SERENADE CIR S 12627 LINKS TERRACE

JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225 US

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: KATIE LESTER 07/23/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 LESTER, KATIE
 Name:
 LESTER, KATIE

 Address:
 12738 SERENADE CIR S
 Address:
 12627 LINKS TERRACE

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LESTER, KELLY
 Name:

 Address:
 12738 SERENADE CIR S
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name:LESTER, DOUGLASName:Address:12738 SERENADE CIR SAddress:City-St-Zip:JACKSONVILLE, FL 32225City-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: KATIE LESTER MGRM 07/23/2007