

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106706

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LESTER'S ORGANIZED SOLUTIONS LLC

**Current Principal Place of Business:**

236 QUEBEC LANE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

236 QUEBEC LANE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 20-5822943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESTER, KATIE  
12627 LINKS TERRACE  
JACKSONVILLE, FL 32225 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: LESTER, KATIE  
Address: 12627 LINKS TERRACE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: LESTER, KELLY  
Address: 236 QUEBEC LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: LESTER, DOUGLAS  
Address: 236 QUEBEC LANE  
City-St-Zip: JACKSONVILLE, FL 32225

**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:

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

PRES

04/30/2009

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