

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106706

**FILED**  
**Apr 29, 2010**  
**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:**

12738 SERENADE CIRCLE SOUTH  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

236 QUEBEC LANE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

12738 SERENADE CIRCLE SOUTH  
JACKSONVILLE, FL 32225

**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:**

LESTER, KATIE  
12738 SERENADE CIRCLE SOUTH  
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:

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LESTER, KATIE  
Address: 12738 SERENADE CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: LESTER, KELLY  
Address: 12738 SERENADE CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

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

I hereby 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 LAKEY

PRES

04/29/2010

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