# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114169

**Entity Name:** FDN SOLUTIONS, LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 10540 GREENCREST DRIVE<br>TAMPA, FL 33626 | 13051 W LINEBAUGH AVE<br>P101<br>TAMPA, FL 33626 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 10540 GREENCREST DRIVE<br>TAMPA, FL 33626 | 13051 W LINEBAUGH AVE<br>P101<br>TAMPA, FL 33626 |

FEI Number: 14-1983423    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| DANIELS, PATRICK J<br>10540 GREENCREST DRIVE<br>TAMPA, FL 33626    US | DANIELS, PATRICK J<br>13051 W LINEBAUGH AVE<br>P101<br>TAMPA, FL 33626  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: _____    04/14/2009

Electronic Signature of Registered Agent                                Date

**MANAGING MEMBERS/MANAGERS:**                          **ADDITIONS/CHANGES:**

| Title: | MGR    ( ) Delete | Title: | ( ) Change ( ) Addition |
|---|---|---|---|
| Name: | DANIELS, PATRICK J | Name: | |
| Address: | 10540 GREENCREST DRIVE | Address: | |
| City-St-Zip: | TAMPA, FL 33626 | City-St-Zip: | |

| Title: | MGRM    ( ) Delete | Title: | ( ) Change ( ) Addition |
|---|---|---|---|
| Name: | DANIELS, DEBRA | Name: | |
| Address: | 10540 GREENCREST DRIVE | Address: | |
| City-St-Zip: | TAMPA, FL 33626 | City-St-Zip: | |

| Title: | MGRM    ( ) Delete | Title: | ( ) Change ( ) Addition |
|---|---|---|---|
| Name: | DANIELS, TIMOTHY P | Name: | |
| Address: | 10540 GREENCREST DRIVE | Address: | |
| City-St-Zip: | TAMPA, FL 33626 | 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:  PATRICK J DANIELS                          MM                    04/14/2009

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