

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118500

FILED  
Jul 03, 2008  
Secretary of State

Entity Name: UNLIMITED SOLUTIONS LLC

**Current Principal Place of Business:**

10110 BOCA ENTRADA BLVD.  
#405  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

1545 SW 14TH ST  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 41-2246053      FEI Number Applied For ( )      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:**

BRITTAİN, JOSEPH A  
1545 SW 14TH ST.  
BOCA RATON, FL 33486      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ZIMMERMAN, LINDA P  
Address: 1545 SW 14TH ST  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR      ( ) Delete  
Name: ELHASSAN, IMTESAL  
Address: 1545 SW 14TH ST  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

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: LINDA ZIMMERMAN

MGR

07/03/2008

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