

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90035 031 ***138.75

60034620



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000013987

1. Entity Name
FUSION SOLUTIONS LLC



Principal Place of Business
2402 W BRISTOL AVENUE
TAMPA, FL 33609 US

Mailing Address
2402 W BRISTOL AVENUE
TAMPA, FL 33609 US

2. Principal Place of Business - No P.O. Box #
500 N. Willow Ave
Suite, Apt. #, etc. # 101

3. Mailing Address
500 N. Willow Ave
Suite, Apt. #, etc. # 101

City & State TAMPA FL

Zip 33606 Country USA

6. Name and Address of Current Registered Agent
SANTINI, SALLY J
16847 FOX DEN SW
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
Name Carolyn V. WILKINSON
Street Address (P.O. Box Number is Not Acceptable) 500 N. Willow Ave
101
City TAMPA FL Zip Code 33606

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolyn V. Wilkinson* DATE 4/22/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTINI, SALLY J 16847 FOX DEN SW FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINSON, CAROLYN V 2402 W BRISTOL AVENUE TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR: Carolyn V. Wilkinson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 N. Willow Ave #101 TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Carolyn V. Wilkinson

4/22/08