

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018750

Entity Name: A/C SOLUTION, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

17120 GOLF VISTA COURT
TAMPA, FL 33556 US

New Principal Place of Business:

116 16TH ST.
BELLEAIR BEACH, FL 33786 US

Current Mailing Address:

17120 GOLF VISTA COURT
TAMPA, FL 33556 US

New Mailing Address:

116 16TH ST.
BELLEAIR BEACH, FL 33786 US

FEI Number: 20-8467515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BARR, EMMETT L
17120 GOLF VISTA COURT
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

O'BARR, EMMETT L
116 16TH ST
BELLEAIR BEACH, FL 33786 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'BARR, EMMETT L
Address: 17120 GOLF VISTA COURT
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: HERNANDEZ, RAMON A
Address: 8413 N. GRADY AV
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'BARR, EMMETT L
Address: 116 16TH ST.
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, RAMON A
Address: 9211 ROBSON ST
City-St-Zip: TAMPA, FL 33615 US

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: EMMETT O'BARR

MGR

04/23/2009

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