

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026967

Entity Name: BUS SOLUTIONS, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

9388 SIDNEY HAYES ROAD
ORLANDO, FL 32824

New Principal Place of Business:

11226 BOGGY CREEK RD
ORLANDO, FL 32824

Current Mailing Address:

9388 SIDNEY HAYES ROAD
ORLANDO, FL 32824

New Mailing Address:

11226 BOGGY CREEK RD
ORLANDO, FL 32824

FEI Number: 20-8628379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, ESQ., THOMAS F
SHUFFIELDLOWMAN
1000 LEGION PLACE, STE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ACREE, CALLA J
3205 TALL PINE CIRCLE
ST CLOUD, FL 34771 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: CALLA ACREE

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATHEWS, VINCENT R
Address: 4224 CRANMORE COURT
City-St-Zip: BELLE ISLE, FL 32812

Title: MGR () Delete
Name: ACREE, CALLA J
Address: 3205 TALL PINE CIRCLE
City-St-Zip: ST. CLOUD, FL 34771

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: CALLA ACREE

MGR

04/07/2009

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