

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036120

Entity Name: MOBILE NOTARY SOLUTIONS, LLC

FILED  
Mar 16, 2009  
Secretary of State

**Current Principal Place of Business:**

2236 SW 19TH PLACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

1611 SW 18TH ST  
CAPE CORAL, FL 33991

**Current Mailing Address:**

2236 SW 19TH PLACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

1611 SW 18TH ST  
CAPE CORAL, FL 33991

FEI Number: 26-0208441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERA, MELISSA  
2236 SW 19TH PLACE  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

RIVERA, MELISSA  
1611 SW 18TH ST  
CAPE CORAL, FL 33991 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: MELISSA RIVERA

03/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RIVERA, MELISSA  
Address: 2236 SW 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIVERA, MELISSA  
Address: 1611 SW 18TH ST  
City-St-Zip: CAPE CORAL, FL 33991

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: MELISSA RIVERA

MGRM

03/16/2009

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