2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000039441

Entity Name: SOLUTIONS PROVIDER LLC

Current Principal Place of Business:

6175 NW 153 STREET
328
MIAMI LAKES, FL 33014

New Principal Place of Business:

6175 NW 153 STREET
103
MIAMI LAKES, FL 33014

Current Mailing Address:

6175 NW 153 STREET
328
MIAMI LAKES, FL 33014

New Mailing Address:

6175 NW 153 STREET
103
MIAMI LAKES, FL 33014

FEI Number: 20-0179962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

ZAMORA, MARIO
6175 NW 153 STREET
328
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: ZAMORA, MARIO
Address: 6175 NW 153 STREET #328
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ZAMORA, M
Address: 6175 NW 153 STREET #103
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Change (X) Addition
Name: NERYS, E
Address: 6175 NW 153 ST #103
City-St-Zip: MIAMI LAKES, FL 33014

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: M ZAMORA MGR 05/01/2008

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