


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90114 005 \*\*\*138.75

<b>DOCUMENT # L07000042674</b>	
1. Entity Name <b>DASHBOARD MARKETING SOLUTIONS, LLC</b>	

Principal Place of Business <b>7859 SPRINGVALE DRIVE LAKE WORTH, FL 33467 US</b>	Mailing Address <b>7859 SPRINGVALE DRIVE LAKE WORTH, FL 33467 US</b>
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2. Principal Place of Business - No P.O. Box # <b>7556 Lake Worth RD</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 105</b>	Suite, Apt. #, etc.
City & State <b>Lake Worth, FL</b>	City & State
Zip <b>33467</b>	Country <b>USA</b>

6001123



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>06-1815050</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BROWN, TODD M 7859 SPRINGVALE DRIVE LAKE WORTH, FL 33467</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BROWN, TODD M 7859 SPRINGVALE DRIVE LAKE WORTH, FL 33467</b> <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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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.

**SIGNATURE:**  **TODD M BROWN** 3/21/08 561-964-2815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #