

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043479

Entity Name: EQUALS SOLVED LLC

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

5567 WHISPERING WOODS POINT
SANFORD, FL 32771

New Principal Place of Business:

204 JUNIPER RIDGE CT
SANFORD, FL 32771

Current Mailing Address:

5567 WHISPERING WOODS POINT
SANFORD, FL 32771

New Mailing Address:

204 JUNIPER RIDGE CT
SANFORD, FL 32771

FEI Number: 41-2237962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH SUITE 101-330
NAPLES, FL 34102 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: MGR () Delete
Name: LITTLE, SARAH LOUISE
Address: 5567 WHISPERING WOODS POINT
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Delete
Name: HAIRE, MELISA DAYLE
Address: 5567 WHISPERING WOODS POINT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRIS, ROBBE D
Address: 204 JUNIPER RIDGE CT
City-St-Zip: SANFORD, FL 32771

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: ROBBE MORRIS

MR

05/12/2008

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