

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-07-2008 90231 027 ***138.75
L07000049189

FILED

08 JUL -8 AM 11:17

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000049189

1. Entity Name
TABS SOLUTIONS, LLC



Principal Place of Business
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

Mailing Address
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5741674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DENISE D
1210 NW 179TH TERRACE
MIAMI GARDENS, FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WHITE, DENISE D
STREET ADDRESS 1210 NW 179TH TERRACE
CITY-ST-ZIP MIAMI GARDENS, FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ROSE, LESLIE M
STREET ADDRESS 1210 NW 179TH TERRACE
CITY-ST-ZIP MIAMI GARDENS, FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Denise D. White / DENISE WHITE 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #