## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052853

Entity Name: N TRUST SOLUTIONS, LLC.

FILED May 01, 2009 Secretary of State

() Change () Addition

**New Principal Place of Business: Current Principal Place of Business:** 132 BRUSHCREEK DRIVE SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 132 BRUSHCREEK DRIVE SANFORD, FL 32771 FEI Number: 26-0213100 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: Name and Address of New Registered Agent: PROFESSIONAL ACCOUNTANTS & CONSULTANTS TAX CARE INC 2471 E SEMORAN BLVD 2471 E SEMORAN BLVD APOPKA, FL 32703 APOPKA, FL 32703 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: TAX CARE INC 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ACOSTA, RAFAEL A Name: Name: Address: 132 BRUSHCREEK DRIVE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip:

Title: VP,S ( ) Delete

Name: RODRIGUEZ, LUIS G Address: 1166 MANITOBA STREET City-St-Zip: DELTONA, FL 32725 Title: 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: RAFAEL A ACOSTA P.T 05/01/2009