

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061747

FILED  
Aug 02, 2008  
Secretary of State

**Entity Name:** EFFECTIVE ADVERTISING SOLUTIONS LLC

**Current Principal Place of Business:**

1826 SUNSET POINT ROAD, APT. O  
CLEARWATER, FL 33765

**New Principal Place of Business:**

5105 FOXBRIDGE CIRCLE N.  
APT. 123  
CLEARWATER, FL 33760 US

**Current Mailing Address:**

2655 ULMERTON ROAD, #178  
CLEARWATER, FL 33762

**New Mailing Address:**

2655 ULMERTON ROAD, #178  
#178  
CLEARWATER, FL 33762

FEI Number: 20-5825545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLMES, BRIAN S  
1826 SUNSET POINT ROAD, APT. O  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

HOLMES, BRIAN S  
5105 FOXBRIDGE CIRCLE N.  
APT. 123  
CLEARWATER, FL 33760 US

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:

08/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLMES, BRIAN S  
Address: 1826 SUNSET POINT ROAD, APT. O  
City-St-Zip: CLEARWATER, FL 33765

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOLMES, BRIAN S  
Address: 5105 FOXBRIDGE CIRCLE N. APT. 123  
City-St-Zip: CLEARWATER, FL 33760

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: BRIAN S. HOLMES

MGRM

08/02/2008

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