

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081514

FILED
Apr 17, 2008
Secretary of State

Entity Name: PARAGON TECHNOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

23 ALAFAYA TRAIL
SUITE 303
OVIEDO, FL 32765

New Principal Place of Business:

1750 W BROADWAY ST.
SUITE 112
OVIEDO, FL 32765

Current Mailing Address:

23 ALAFAYA TRAIL
SUITE 303
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 26-0682584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, CHARLES M
23 ALAFAYA TRAIL
SUITE 303
OVIEDO, FL 32765 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: MGRM () Delete
Name: HALL, CHARLES M
Address: 23 ALAFAYA TRAIL, STE. 303
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: HOFFMAN, ZACHORY
Address: 23 ALAFAYA TRAIL, STE. 303
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: HALL, MICHELLE K
Address: 23 ALAFAYA TRAIL, STE. 303
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES HALL

MGMR

04/17/2008

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