## 2008 LIMITED LIABILITY COMPANY

SIGNATURE:

## Feb 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** 02-28-2008 90104 037 \*\*\*138.75 **DOCUMENT # L07000081517** 1. Entity Name MMA SOLUTIONS, LLC 60011338 Principal Place of Business Mailing Address 2929 E. COMMERCIAL BLVD. 2929 E. COMMERCIAL BLVD. SUITE 409 SUITE 409 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Ant. # etc. Suite, Apt. #, etc. 01032008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, JOSEPH B Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMERCIAL BLVD. SUITE 409 FORT LAUDERDALE, FL 33308 City 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. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State . . MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Chance ☐ Addition NIGG, THOMAS NAME NAME STREET ADDRESS LETTSTRASSE 10 STREET ADDRESS VADUZ, LIECHTENSTEIN, VZ 9490 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ERNST NIGG TRUST MANAGEMENT EST. NAME LETTSTRASSE 10 STREET ADDRESS STREET ADDRESS VADUZ, LIECHTENSTEIN, VZ 9490 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE - - Change -- - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete FITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS HISTORY OF THE PARTY. CITY-ST-ZIP 👼 130 CITY-ST-7IP TO BEST STATE OF STATE OF CHANGE IN Addition TITLE Delete... TITLE NAME NAME STREET ADDRESS STREET ADDRESS HAD THE CONTRACT OF CONTRACT CITY-SI-ZIP 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.

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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