

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083699

FILED
Jul 16, 2009
Secretary of State

Entity Name: ACTIVE BUSINESS SOLUTIONS L.L.C.

Current Principal Place of Business:

7924 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

7924 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

IVISON, SHERI
7924 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33707 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IIVISON, SHERI
Address: 7924 1ST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGRM () Delete
Name: EAGLEPAPER, INC.
Address: P.O. BOX 4938, 1031 LEXINGTON RD.
City-St-Zip: LOUISVILLE, KY 402040938

ADDITIONS/CHANGES:

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: SHERI IIVISON

MGRM

07/16/2009

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