## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000094896

**Entity Name:** ONSITE SOLUTIONS LLC

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

47 NORTH KROME AVE HOMESTEAD, FL 33030 143 NORTH FLAGLER AVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

Current Mailing Address: New Mailing Address:

47 NORTH KROME AVE HOMESTEAD, FL 33030 143 NORTH FLAGLER AVE HOMESTEAD, FL 33030

FEI Number: 06-1826305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CAMARILLO, MARIA L
47 NORTH KROME AVE
HOMESTEAD, FL 33030 US
CAMARILLO, MARIA L
143 NORTH FLAGLER AVE
HOMESTEAD, FL 33030 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: MARIA CAMARILLO 01/29/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title:MGR () DeleteTitle:MGR (X) Change () AdditionName:CAMARILLO, MARIAName:CAMARILLO, JOSEAddress:47 NORTH KROME AVEAddress:143 NORTH FLAGLER AVECity-St-Zip:HOMESTEAD, FL 33030City-St-Zip:HOMESTEAD, FL 33030

Title: MGR (X) Delete Title: ( ) Change ( ) Addition Name: CAMARILLO, JOSE Name:

 Name:
 CAMARILLO, JOSE
 Name:

 Address:
 47 NORTH KROME AVE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 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: JOSE CAMARILLO CEO 01/29/2009