

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112111

FILED
Jan 28, 2009
Secretary of State

Entity Name: BRAINSTORMSOLUTIONS LLC

Current Principal Place of Business:

168 LOOKOUT POINT DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

168 LOOKOUT POINT DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STORMS, WILLIAM A JR.
168 LOOKOUT POINT DRIVE
OSPREY, FL 34229 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: STORMS, WILLIAM A JR.
Address: 168 LOOKOUT POINT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: STORMS, CLAUDIA L
Address: 168 LOOKOUT POINT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: MILLER, ANNE MARIE
Address: 2717 SILVER KING WAY
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: STORMS, WILLIAM A III
Address: 1740 KIRTLEY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: STORMS, MELANIE MARIE
Address: 1740 KIRTLEY DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STORMS, WILLIAM A JR.
Address: 168 LOOKOUT POINT DRIVE
City-St-Zip: OSPREY, FL 34229

Title: MGR (X) Change () Addition
Name: STORMS, CLAUDIA L
Address: 168 LOOKOUT POINT DRIVE
City-St-Zip: OSPREY, FL 34229

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: WILLIAM A. STORMS JR.

MGR

01/28/2009

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