2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000117511

Entity Name: HIGHER LEVEL OFFICE SOLUTIONS, LLC

Current Principal Place of Business:

1019 CHERRY LAUREL STREET
MINNEOLA, FL 34715

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 593
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAMELA, WILLIAMS
1019 CHERRY LAUREL STREET
MINNEOLA, FL 34715 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: MGR ( ) Delete
Name: WILLIAMS, PAMELA
Address: 1019 CHERRY LAUREL STREET
City-St-Zip: MINNEOLA, FL 34715

Title: MGRM ( ) Delete
Name: WILLIAMS, BOOKER
Address: P.O. BOX 593
City-St-Zip: MINNEOLA, FL 34755

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: PAMELA WILLIAMS MGR 04/30/2008

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