

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127912

FILED
Jul 01, 2009
Secretary of State

Entity Name: ELITE TECHNOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

4600 TOUCHTON ROAD EAST
SUITE 1150
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

4815 EXECUTIVE PARK CT
SUITE 101
JACKSONVILLE, FL 32216 US

Current Mailing Address:

4600 TOUCHTON ROAD EAST
SUITE 1150
JACKSONVILLE, FL 32246 US

New Mailing Address:

4815 EXECUTIVE PARK CT
SUITE 101
JACKSONVILLE, FL 32216 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

WELDE, DONALD J
4600 TOUCHTON ROAD
SUITE 1150
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

WELDE, DONALD J
4815 EXECUTIVE PARK CT
SUITE 101
JACKSONVILLE, FL 32216 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:

07/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELDE, DONALD J
Address: 4600 TOUCHTON ROAD, EAST, SUITE 1150
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELDE, DONALD J
Address: 4815 EXECUTIVE PARK CT, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32216 US

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: DONALD WELDE

MGRM

07/01/2009

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