2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L08000002351

Entity Name: AFAB SOLUTIONS, LLC

Current Principal Place of Business:

30429 USF HOLLY DRIVE
TAMPA, FL 33620

New Principal Place of Business:

Current Mailing Address:

30429 USF HOLLY DRIVE
TAMPA, FL 33620

New Mailing Address:

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

Name and Address of Current Registered Agent:

ESQUIVEL, JULIO C
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: STROOT, PETER PARTNER
Address: 30429 USF HOLLY DRIVE
City-St-Zip: TAMPA, FL 33620

Title: DR. ( ) Change (X) Addition
Name: SIMKINS, DANIEL PARTNER
Address: 30429 USF HOLLY DRIVE
City-St-Zip: TAMPA, FL 33620

Title: MR ( ) Change (X) Addition
Name: KOMINOWSKI, EDWARD PARTNER
Address: 30429 USF HOLLY DRIVE
City-St-Zip: TAMPA, FL 33620

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: EDWARD KOMINOWSKI MR. 01/28/2009

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