

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004488

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** AA FUNDING SOLUTIONS, LLC

**Current Principal Place of Business:**

809 MONTECLAIR CT  
WELLINGTON, FL 33411

**New Principal Place of Business:**

809 MONTCLAIRE CT  
WELLINGTON, FL 33411

**Current Mailing Address:**

809 MONTECLAIR CT  
WELLINGTON, FL 33411

**New Mailing Address:**

809 MONTCLAIRE CT  
WELLINGTON, FL 33411

**FEI Number:** 26-1859910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHARMA, OURMILLA  
809 MONTECLAIR CT.  
WELLINGTON, FL 33411 US

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

SHARMA, OURMILLA  
809 MONTCLAIRE CT.  
WELLINGTON, FL 33411 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:**

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SHARMA, SATYANAND  
**Address:** 809 MONTCLAIRE CT.  
**City-St-Zip:** WELLINGTON, FL 33411

**Title:** MGRM  
**Name:** SHARMA, OURMILLA  
**Address:** 809 MONTCLAIRE CT  
**City-St-Zip:** WELLINGTON, FL 33411

**Title:** MGRM  
**Name:** SHANTAWATE, SINGH M  
**Address:** 4337 MATHILDA AVE  
**City-St-Zip:** BRONX, NY 10466 NY

I hereby 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:** OURMILLA SHARMA

MGRM

04/19/2010

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