

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017162

FILED
May 27, 2009
Secretary of State

Entity Name: APPLIED TANDEM SOLUTIONS LLC

Current Principal Place of Business:

1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1320 US ROUTE 9
CHAMPLAIN, NY 12919

New Mailing Address:

FEI Number: 75-3266781 FEI Number Applied For () FEI Number Not Applicable () 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ANDRIOTIS LAW FIRM, P.A.
1787 S. PINELLAS AVE.
STE. 400
TARPON SPRINGS, FL 34639 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: CHRISTINE N. FAILEY

05/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILTON, ROBERT
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: S () Delete
Name: MILTON, ROBERT
Address: 1840 CORAL WAY, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: FAILEY, CHRISTINE
Address: 1787 S. PINELLAS AVE. , STE. 400
City-St-Zip: TARPON SPRINGS, FL 34689

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: CHRISTINE N. FAILEY

S

05/27/2009

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