# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# L08000028527

**Entity Name:** SPECTRAL SOLUTIONS LLC

**Current Principal Place of Business:**

2974 CYPRESS LAKES CT
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

14450 46TH ST N
SUITE 115
CLEARWATER, FL 33762

**Current Mailing Address:**

2974 CYPRESS LAKES CT
TARPON SPRINGS, FL 34688

**New Mailing Address:**

14450 46TH ST N
SUITE 115
CLEARWATER, FL 33762

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

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

PATEL, ANIL
1726 S.W. 27 STREET
OCALA, FL 34471 US

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

O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD
SUITE 160
LARGO, FL 33771 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: PATRICK O'CONNOR 04/13/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: PATEL, NITESH
Address: 2974 CYPRESS LAKES CT
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGR (X) Delete
Name: PATEL, PRADIP C
Address: 8902 N DALE MABRY HWY, SUITE 114
City-St-Zip: TAMPA, FL 33614 US

**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: NITESH PATEL MGR 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date