

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035909

FILED
Jul 15, 2009
Secretary of State

Entity Name: CIPHER INFORMATION SOLUTIONS LLC

Current Principal Place of Business:

12472 LAKE UNDERHILL RD #125
ORLANDO, FL 32828

New Principal Place of Business:

12472 LAKE UNDERHILL RD
#125
ORLANDO, FL 32828

Current Mailing Address:

12472 LAKE UNDERHILL RD #125
ORLANDO, FL 32828

New Mailing Address:

12472 LAKE UNDERHILL RD
#125
ORLANDO, FL 32828

FEI Number: 26-2489154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304 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: MGRM () Delete
Name: VASQUEZ, HAN
Address: 12472 LAKE UNDERHILL RD #125
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: VASQUEZ, CARLOS
Address: 12472 LAKE UNDERHILL RD #125
City-St-Zip: ORLANDO, FL 32828

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: HAN VASQUEZ

MGRM

07/15/2009

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