

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055685

FILED
Feb 20, 2009
Secretary of State

Entity Name: HIGHFORGE SOLUTIONS LLC

Current Principal Place of Business:

3700 COMMERCE BLVD
143
KISSIMMEE, FL 34741

New Principal Place of Business:

14 EAST WASHINGTON ST
STE 401
ORLANDO, FL 32801

Current Mailing Address:

3700 COMMERCE BLVD
143
KISSIMMEE, FL 34741 US

New Mailing Address:

14 EAST WASHINGTON ST
STE 401
ORLANDO, FL 32801

FEI Number: 20-3762582 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MANN, CHRISTOPHER S
5013 WELLINGTON PARK CIRCLE
B76
KISSIMMEE, FL 32839 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: MGR () Delete
Name: MANN, CHRISTOPHER S
Address: 3700 COMMERCE BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: MANN, CHRISTOPHER S
Address: 14 EAST WASHINGTON ST STE 401
City-St-Zip: ORLANDO, FL 32801 US

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: CHRISTOPHER S MANN MR. 02/20/2009

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