2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060575

FILED
Apr 28, 2009
Secretary of State

Entity Name: FIRST OFFICE SOLUTIONS, LLC

Current Principal Place of Business:

13245 ATLANTIC BLVD, STE 4-371
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

13245 ATLANTIC BLVD, STE 4-371
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 26-2857419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARY W LEE, CPA
440 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250 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: COCHRAN, MICHAEL K
Address: 13245 ATLANTIC BLVD, STE 4-371
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES:

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: MICHAEL K. COCHRAN MGRM 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date