

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068726

FILED  
Sep 16, 2009  
Secretary of State

**Entity Name:** OPTIMAL SOLUTIONS INTERNATIONAL LLC

**Current Principal Place of Business:**

10809 DEARDEN CIRCLE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10809 DEARDEN CIRCLE  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 90-0405978      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:**

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

MOYA, JOEL JR.  
10809 DEARDEN CIRCLE  
ORLANDO, FL 32817      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOYA, JOEL JR.  
Address: 10809 DEARDEN CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete  
Name: MOYA, JOEL SR.  
Address: 8526 BLACKCREEK BLVD  
City-St-Zip: ORLANDO, FL 32829

**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: JOEL MOYA JR.

MGRM

09/16/2009

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