2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000079412

Entity Name: 180 SOLUTIONS, LLC

Current Principal Place of Business:

5449 S. SEMORAN BLVD
STE 221
ORLANDO, FL 32822 US

New Principal Place of Business:

948 N SEMORAN BLVD
STE 104
ORLANDO, FL 32807 US

Current Mailing Address:

739 N. MIDLAND DRIVE
DELTONA, FL 32725 US

New Mailing Address:

739 N MIDLAND DRIVE
DELTONA, FL 32725 US

FEI Number: 26-3210027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MAURICE L JR.
739 N. MIDLAND DRIVE
DELTONA, FL 32725 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: WILSON, MAURICE L JR.
Address: 739 N. MIDLAND DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM ( ) Delete
Name: CHRISTIAN, JAMAR
Address: 739 N. MIDLAND DRIVE
City-St-Zip: DELTONA, FL 32725 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: MAURICE WILSON MR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date