

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083957

FILED
Apr 14, 2009
Secretary of State

Entity Name: OSBORNE TECH SOLUTIONS LLC

Current Principal Place of Business:

4336 INLAND LN
ORLANDO, FL 32817 US

New Principal Place of Business:

401 ALAFAYA WOODS BLVD.
APT F
OVIEDO, FL 32765 US

Current Mailing Address:

4336 INLAND LN
ORLANDO, FL 32817 US

New Mailing Address:

401 ALAFAYA WOODS BLVD.
APT F
OVIEDO, FL 32765 US

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

Name and Address of Current Registered Agent:

OSBORNE, RICHARD J II
4336 INLAND LN
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

OSBORNE, RICHARD J II
401 ALAFAYA WOODS BLVD
APT F
OVIEDO, FL 32765 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSBORNE, RICHARD J II
Address: 4336 INLAND LN
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: OSBORNE, RICHARD J II
Address: 401 ALAFAYA WOODS BLVD. APT. F
City-St-Zip: OVIEDO, FL 32765

Title: VP () Change (X) Addition
Name: JONES, THADDEUS A
Address: 671 ALTAMIRA CIR. APT. 207
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: RICHARD J OSBORNE II

PRES

04/14/2009

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