2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# L08000098739

Entity Name: LEGEND SOLUTIONS LLC

Current Principal Place of Business:

10211 SHADOW BRANCH DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10211 SHADOW BRANCH DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 26-3569181 **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:

USHARANI, ELANGOVAN
10211 SHADOW BRANCH DR
TAMPA, FL 33647 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: USHARANI, ELANGOVAN
Address: 10211 SHADOW BRANCH DR
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: RAMYA, ALAGUSUNDARAM
Address: 24438 LANDING DR
City-St-Zip: LUTZ, FL 33559

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: USHARANI ELANGOVAN MGR 06/26/2009

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