## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000116784

Entity Name: CALCULATING CHOICE SOLUTIONS "LLC"

**FILED** Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

633 E. COLONIAL DRIVE, SUITE 200 633 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803

200

ORLANDO, FL 32803

**Current Mailing Address: New Mailing Address:** 

633 E. COLONIAL DRIVE, SUITE 200 633 E. COLONIAL DRIVE, SUITE 200

ORLANDO, FL 32803 200 ORLANDO, FL 32803

FEI Number: 26-3958322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WOODS, KENNETH WOODS, KENNETH

633 E. CÓLONIAL DRIVE, SUITE 200 633 E. COLONIAL DRIVE, SUITE 200

ORLANDO, FL 32803 200 ORLANDO, FL 32803 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: 04/23/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

BOB, DELNITA Name: Name: Address: 1815 SAND ARBOR CIRCLE Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: WOODS, KENNETH Name: Address: 6736 BRITTANY CHASE Address: City-St-Zip: ORLANDO, FL 32810 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: DELNITA BOB 04/23/2009