

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116860

Entity Name: R2 SOLUTIONS LLC

FILED  
Jul 20, 2009  
Secretary of State

**Current Principal Place of Business:**

606 SPICE TRADER WAY SUITE A  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**Current Mailing Address:**

606 SPICE TRADER WAY SUITE A  
ORLANDO, FL 32818 US

**New Mailing Address:**

FEI Number: 26-3955184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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: RONAT, RUSSELL  
Address: 606 SPICE TRADER WAY SUITE A  
City-St-Zip: ORLANDO, FL 32818 US

Title: MGRM (X) Delete  
Name: RONAT, KAREN  
Address: 606 SPICE TRADER WAY SUITE A  
City-St-Zip: ORLANDO, FL 32818 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: RUSSELL RONAT

OWNE

07/20/2009

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