

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070837

FILED
Apr 06, 2010
Secretary of State

Entity Name: SMART SOLUTIONS CONSULTING FIRM, LLC

Current Principal Place of Business:

1773 NW 21ST PLACE
GAINESVILLE, FL 32609

New Principal Place of Business:

1773 NE 21ST PLACE
GAINESVILLE, FL 32609

Current Mailing Address:

1773 NW 21ST PLACE
GAINESVILLE, FL 32609

New Mailing Address:

1773 NE 21ST PLACE
GAINESVILLE, FL 32609

FEI Number: 27-2285694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS-CHESTNUT, TIFFANY L DR
1773 NW 21ST PLACE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

WATTS-CHESTNUT, TIFFANY L DR
1773 NE 21ST PLACE
GAINESVILLE, FL 32609 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: DR. TIFFANY L. WATTS-CHESTNUT

04/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WATTS-CHESTNUT, TIFFANY L DR
Address: 1773 NE 21ST PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM
Name: BAKER, CEDRICK
Address: 2881 SE 19TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: MGRM
Name: WATTS, AMOS E JR
Address: 3011 NW 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM
Name: WATTS, SHARON
Address: 7025 NE 25TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

I hereby 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: DR. TIFFANY L. WATTS-CHESTNUT

PRES

04/06/2010

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