

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124723

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** AIB-INTEGRATED BUSINESS SOLUTIONS LLC

**Current Principal Place of Business:**

1604 NE 24TH STREET  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

1604 NE 24TH STREET  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 27-4126818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAHN COHAGEN, JAMIE  
1604 NE 24TH STREET  
JENSEN BEACH, FL, FL 34957 US

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

ZAHN COHAGEN, JAMIE  
1604 NE 24TH STREET  
JENSEN BEACH, FL 34957 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:** JAMIE ZAHN COHAGEN

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ZAHN COHAGEN, JAMIE L  
**Address:** 1604 NE 24TH STREET  
**City-St-Zip:** JENSEN BEACH, FL 34957

**Title:** MGRM  
**Name:** CRAMBLITT, FRANK H  
**Address:** 1604 NE 24TH STREET  
**City-St-Zip:** JENSEN BEACH, FL 34957

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:** JAMIE ZAHN COHAGEN

MGRM

04/12/2011

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