

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001185

Entity Name: E C & C SOLUTIONS, L.L.C.

FILED
Jul 02, 2006
Secretary of State

Current Principal Place of Business:

687 NICKLAUS DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

687 NICKLAUS DRIVE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 52-2310062 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:

ACACIA, CLAUDETTE A
2002 WATER KEY DRIVE
687 NICKLAUS DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

ACACIA, CLAUDETTE A
687 NICKLAUS DRIVE
MELBOURNE, FL 32940 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: CLAUDETTE ACACIA

07/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACACIA, CLAUDETTE A
Address: 2002 WATER KEY DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: ACACIA, CLAUDETTE A
Address: 687 NICKLAUS DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: MR () Change (X) Addition
Name: ACACIA, EDDIE
Address: 687 NIKLAUS DRIVE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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: EDDIE ACACIA

MR

07/02/2006

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