

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004636

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Entity Name:** BORDERS SOLUTIONS GROUP, L.L.C.

**Current Principal Place of Business:**

13814 WATER FOWL WAY  
UPPER MARLBORO, MD 20774

**New Principal Place of Business:**

**Current Mailing Address:**

13814 WATER FOWL WAY  
UPPER MARLBORO, MD 20774

**New Mailing Address:**

**FEI Number:** 51-0487479      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

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

BUSINESS FILINGS INC.  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

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

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: BORDERS, VALENCIA  
Address: 13814 WATER FOWL WAY  
City-St-Zip: UPPER MARLBORO, MD 20774

Title: MGRM ( ) Delete  
Name: BORDERS, GREGORY  
Address: 13814 WATER FOWL WAY  
City-St-Zip: UPPER MARLBORO, MD 20774

**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 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: VALENCIA BORDERS

MGRM

04/05/2007

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