

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006618

FILED
Apr 16, 2009
Secretary of State

Entity Name: COMPUSOLVE GOVERNMENT SOLUTIONS LLC

Current Principal Place of Business:

90-D RAYNOR AVE
RONKONKOMA, NY 11779

New Principal Place of Business:

Current Mailing Address:

90-D RAYNOR AVE
RONKONKOMA, NY 11779

New Mailing Address:

FEI Number: 05-0623165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUELLO, RAMON
11183 PRAIRIE HAWK DR
ORLANDO, FL 32837 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: BLOWES, DARYL
Address: 90-D RAYNOR AVE
City-St-Zip: RONKONKOMA, NY 11779

Title: MGRM () Delete
Name: MCELROY, RICHARD
Address: 90-D RAYNOR AVE
City-St-Zip: RONKONKOMA, NY 11779

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: EDEN, DOUGLAS
Address: 90-D RAYNOR AVE
City-St-Zip: RONKONKOMA, NY 11779

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: DARYL BLOWES

CEO

04/16/2009

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