


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90078 018 \*\*\*138.75

|  |   |
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| <b>DOCUMENT # M07000004774</b><br>1. Entity Name<br>MERIDIAN MANAGEMENT SOLUTIONS, LLC |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br><del>20300 S. VERMONT AVE, STE 120</del><br><del>TORRANCE, CA 90502-1338</del><br>800 W. Sam Houston Pkwy S., Ste. 201<br>Houston, TX 77042 | Mailing Address<br>20300 S. VERMONT AVE, STE 120<br>TORRANCE, CA 90502-1338 |
|--|---|

00011000



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-8741767 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

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|--|
| 6. Name and Address of Current Registered Agent<br><br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

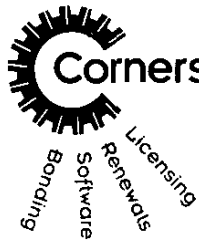
| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>AYALA, RALPH JR<br>20300 S. VERMONT AVE, STE 120<br>TORRANCE, CA 905021338     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BRACHFELD, ERICA JR<br>20300 S. VERMONT AVE, STE 120<br>TORRANCE, CA 905021338 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/08 310 233 7867 x2341  
Date Daytime Phone #



ATTACHMENT

60011033

# M07000004774

Florida Division of Corporations  
New Filing Section/Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

February 21, 2008

Florida Division of Corporations,

Please find enclosed the annual report and filing fee for Meridian Management Solutions, LLC. They have hired us, Cornerstone Support, Inc. to assist them with the filing of this document.

If you should have any questions or you need additional information, feel free to contact me at (770)587-4595 x28 or [lostuni@cornerstonesupport.com](mailto:lostuni@cornerstonesupport.com).

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Sincerely,

Lauren Ostuni  
Renewal Specialist  
Cornerstone Support, Inc.