

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024146

FILED
Jul 06, 2008
Secretary of State

Entity Name: CENTER OF SOLUTION GROUP, LLC

Current Principal Place of Business:

137 NORTHWEST 81ST WAY
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

224 POSSUM PASS
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 34-1987701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

VONHASSELN, STEVE
137 NORTHWEST 81ST WAY
CORAL SPRINGS, FL 33071 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: GILLIS, T. (DOC) D MR
Address: 224 POSSUM PASS
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: EXE () Delete
Name: VONHASSELN, STEVE MR.
Address: 137 NORTHWEST 81ST WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

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

Title: EXEC (X) Change () Addition
Name: VONHASSELN, STEVE MR.
Address: 137 NORTHWEST 81ST WAY
City-St-Zip: CORAL SPRINGS, FL 33071

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: T. D. (DOC) GILLIS

PRES

07/06/2008

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