

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024146

**FILED**  
**Mar 02, 2010**  
**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 ( )**

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

VONHASSELN, STEVE  
137 NORTHWEST 81ST WAY  
CORAL SPRINGS, FL 33071      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:** CEO  
**Name:** GILLIS, T. (DOC) D MR  
**Address:** 224 POSSUM PASS  
**City-St-Zip:** WEST PALM BEACH, FL 33413 US

**Title:** EXEC  
**Name:** VONHASSELN, STEVE MR.  
**Address:** 137 NORTHWEST 81ST WAY  
**City-St-Zip:** CORAL SPRINGS, FL 33071

I hereby 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. (DOC) D. GILLIS      CEO      03/02/2010

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