

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004245

**Entity Name:** CAB SOLUTIONS LLC

**Current Principal Place of Business:**

1621 LORETTA AVENUE  
FEASTERVILLE, PA 19053

**Current Mailing Address:**

1621 LORETTA AVENUE  
FEASTERVILLE, PA 19053 US

**FEI Number:** 20-3229095

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGR  
Name MCDONALD, STEVE  
Address 1621 LORETTA AVENUE  
City-State-Zip: FEASTERVILLE PA 19053

Title MGR  
Name KING, JOHN C  
Address 1621 LORETTA AVENUE  
City-State-Zip: FEASTERVILLE PA 19053

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE MCDONALD

**PARTNER**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date