

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002842

Entity Name: RETAIL SOLUTIONS, LLC

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

SE BROOK ST., STE. 3259
STUART, FL 34997

New Principal Place of Business:

6024 NW FAVIAN AVE.
PORT ST LUCIE, FL 34986

Current Mailing Address:

SE BROOK ST., STE. 3259
STUART, FL 34997

New Mailing Address:

6024 NW FAVIAN AVE.
PORT ST LUCIE, FL 34986

FEI Number: 65-0994920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, CAROL
SE BROOK ST., STE. 3259
STUART, FL 34997 US

Name and Address of New Registered Agent:

NOBLE, CAROL
6024 NW FAVIAN AVE.
PORT ST LUCIE, FL 34986 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: CAROL NOBLE

03/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOBLE, CAROL
Address: SUITE 3259 SE BROOK ST
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOBLE, CAROL
Address: 6024 NW FAVIAN AVE.
City-St-Zip: PORT ST LUCIE, FL 34986

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: CAROL NOBLE

MM

03/11/2008

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