

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002842

Entity Name: RETAIL SOLUTIONS, LLC

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6024 NW FAVIAN AVE.  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

6024 NW FAVIAN AVE.  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

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  
6024 NW FAVIAN AVE.  
PORT ST LUCIE, FL 34986 US

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

ACCURATE ACCOUNTING SERVICES  
529 NW PRIMA VISTA BLVD  
301-H  
PORT ST LUCIE, FL 34983 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: LORI CASSINARI

02/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: CAROL NOBLE

MGRM

02/15/2011

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