

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000005178

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** CONSUMERS SALES SOLUTIONS, LLC

**Current Principal Place of Business:**

537 DOUGLAS AVE  
#1  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

537 DOUGLAS AVE  
#1  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 04-3631023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUMMINS, TOM  
537 DOUGLAS AVE  
#1  
DUNEDIN, FL 34698 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: TOM CUMMINS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CUMMINS, TOM  
Address: 537 DOUGLAS AVE  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM CUMMINS

MGR

10/06/2005

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