

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000005178

**FILED**  
**Apr 09, 2007**  
**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:**

\_\_\_\_\_  
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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: MACCHIONE, ROBERT F  
Address: 17561 CEDARWOOD LOOP  
City-St-Zip: LUTZ, FL 33558

Title: MGR ( ) Change (X) Addition  
Name: BRIDGEFORTH, JAMES W  
Address: 1547 CLARK ST  
City-St-Zip: CLEARWATER, FL 33755

Title: MGR ( ) Change (X) Addition  
Name: CUMMINS, CAROLINE  
Address: 3498 ENTERPRISE RD  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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:** ROBERT F. MACCHIONE

**MGR**

**04/09/2007**

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