

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005178

FILED
Feb 11, 2008
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: MGR () Delete
Name: MACCHIONE, ROBERT F
Address: 17561 CEDARWOOD LOOP
City-St-Zip: LUTZ, FL 33558

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

ADDITIONS/CHANGES:

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

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

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

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: ROBERT F. MACCHIONE

MGR

02/11/2008

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