2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L02000005178

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: TOM CUMMINS CEO 04/22/2009

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