

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034119

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** NATIONAL CONSUMER SOLUTIONS, LLC

**Current Principal Place of Business:**

298 SW 12 AVENUE  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

298 SW 12 AVENUE  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

**FEI Number:** 02-0652051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVEIRA, ALEX  
2923 SW 11 PLACE  
DEERFIELD BEACH, FL 33442 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: PRES ( ) Delete  
Name: OLIVEIRA, ALEXSANDRO  
Address: 2923 SW 11 PLACE  
City-St-Zip: DEERFIELD, FL 33442

Title: VP ( ) Delete  
Name: OLIVEIRA, ERIN  
Address: 2923 SW 11 PLACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SECR ( ) Delete  
Name: RICARDS, MARILENE F  
Address: 1936 SE 17 COURT  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062 US

Title: TRES ( ) Delete  
Name: ALMEIDA, ADRI F  
Address: 830 NW 79 AVENUE  
City-St-Zip: MARGATE, FL 33063 US

**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:

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: ERIN OLIVEIRA

VP

04/29/2008

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