

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046738

FILED
Jul 17, 2005
Secretary of State

Entity Name: CONTACT SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

401 N. SWEETWATER BLVD.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

401 N. SWEETWATER BLVD.
LONGWOOD, FL 32779

New Mailing Address:

PO BOX 916016
LONGWOOD, FL 32791

FEI Number: 13-4282717 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PRICE, BARBARA A
401 N SWEETWATER BLVD
LONGWOOD, FL 32779 US

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: PRICE, BARBARA A
Address: 401 N SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 32779 US

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: BARBARA PRICE

MGR

07/17/2005

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