

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 15, 2005 8:00 am
Secretary of State**

03-15-2005 90350 030 ****50.00

DOCUMENT # L04000052705		
1. Entity Name PLASTIC CONSULTING SOLUTIONS, LLC		

Principal Place of Business 2497 GINGER MILL BLVD. ORLANDO, FL 32837		Mailing Address 2497 GINGER MILL BLVD. ORLANDO, FL 32837	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1370363	Applied For <input checked="" type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
TONEY, RODNEY 2497 GINGER MILL BLVD. ORLANDO, FL 32837				Name Crystal A. Gibson		
				Street Address (P.O. Box Number is Not Acceptable)		
				2497 Ginger Mill Blvd		
				City Orlando	FL	Zip-Code 32837

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Crystal A. Gibson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/05

DATE

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MSRM Crystal A. Gibson 2497 Ginger Mill Blvd Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Crystal A. Gibson* *3/11/05* *407 748-6044*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #