


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90141 021 \*\*\*\*50.00

<b>DOCUMENT # L04000052705</b>	
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
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2. Principal Place of Business 308 S. Florida Ave Suite, Apt. #, etc.	3. Mailing Address 308 S. Florida Ave Suite, Apt. #, etc.
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City & State Howey in the Hills, FL	City & State Howey in the Hills, FL
Zip 34737	Country Lake

20009030



02142006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent GIBSON, CRYSTAL A 2497 GINGER MILL BOULEVARD ORLANDO, FL 32837	
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4. FEI Number 20-1370363	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Crystal A. Gibson	
Street Address (P.O. Box Number is Not Acceptable) 308 S. Florida Ave	
City Howey in the Hills	FL Zip Code 34737

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	DATE 2/15/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBSON, CRYSTAL A 2497 GINGER MILL BOULEVARD ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gibson, Crystal A 308 S. Florida Ave Howey in the Hills, FL 34737 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 exemptions contained in Chapter 119, 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	DATE: 2/15/06 352-324-3362