2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052705

1. Entity Name

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PLASTIC CONSULTING SOLUTIONS, LLC



FILED Feb 06, 2008 08:00 AM Secretary of State

Principal Place of Business

308 S. FLORIDA AVE.

HOWEY IN THE HILLS, FL 34737

Mailing Address

308 S. FLORIDA AVE.

HOWEY IN THE HILLS, FL 34737



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1370363 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CRYSTAL A 308 S. FLORIDA AVE. HOWEY IN THE HILLS, FL 34737

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the obligations of registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent algresses required when reinstating)	<u> </u>	
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE Name Street address City-St-Zip	MGRM GIBSON, CRYSTAL A 308 S. FLORIDA AVW HOWEY IN THE HILLS, FL 34737	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '		
TITLE				

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

11. I hereby certify that the information supplied with this filing does not qualify for the examptions 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: Cripal a Lim

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352.324.3362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dett

Daytime Phone #