2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000025753

1. Entity Name

CONSIGNMENT CONNECTION LLC



FILED Mar 06, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6554 GATEWAY AVE SARASOTA, FL 34231 3843 SPY GLASS HILL ROAD SARASOTA, FL 34238-2824



01042008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4. FEI Number			Applied For
57-1223771			Not Applicable
5. Certificate of Status Desired	П	\$5.00	Additional

6. Name and Address of Current Registered Agent

RENKO, THOMAS M 3843 SPYGLASS HILL ROAD SARASOTA, FL 34238-2824

the obligations of registered agent.

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SIGNATURE.	Signature, typed or printed name of registered agant and title if applicable	(NOTE: Registered Agent signature regulted when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENKO, ANN R 3843 SPYGLASS HILL ROAD SARASOTA, FL 342382824	ÜĐ	0000849978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENKO, THOMAS M 3843 SPYGLASS HILL ROAD SARASOTA, FL 342382824	03/21	0000849978 708-80042-021 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTHIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
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 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.

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STREET ADDRESS CITY-ST-ZIP

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