2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# L05000077441

Entity Name: COMMUNITY SOLUTIONS GROUP, LLC

Current Principal Place of Business:

4754-ALCAZAR WAY SO.
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

4754-ALCAZAR WAY SO.
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-3816112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, GEORGE B
4754-ALCAZAR WAY SO.
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: SMITH, GEORGE B
Address: 4754-ALCAZAR WAY SO.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGRM ( ) Delete
Name: SMITH, JANNETT M
Address: 4754-ALCAZAR WAY SO.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: AQUIL, ASKIA M
Address: 4730-6TH AVE. .SO.
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: MGRM ( ) Change (X) Addition
Name: HAYNES, WATSON
Address: 6709-29TH ST. SO.
City-St-Zip: ST. PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE B. SMITH MGRM 04/20/2008

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