

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-22-2007 90279 019 ****50.00

DOCUMENT # L06000022244 1. Entity Name CONSTRUCTION SOLUTIONS, LLC					
Principal Place of Business 711 COMMERCIAL DRIVE HOLLY HILL, FL 32117			Mailing Address 711 COMMERCIAL DRIVE HOLLY HILL, FL 32117		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 76-0819756				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RHYNARD, M. A 515 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAUGERI, RICHARD C 711 COMMERCIAL DRIVE HOLLY HILL, FL 32117 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAUGERI, DINA A 711 COMMERCIAL DRIVE HOLLY HILL, FL 32117 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 609, Florida Statutes.					
SIGNATURE:			Richard C. Maugeri 1-11-07 386-253-6646		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					