

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90264 035 ***138.75

DOCUMENT # L06000036995

1. Entity Name

COMMERCIAL DATA SOLUTIONS, LLC



Principal Place of Business

4129 UNITED AVENUE
MOUNT DORA FL 32757

Mailing Address

4129 UNITED AVENUE
MOUNT DORA FL 32757

2. Principal Place of Business - No P.O. Box #

PO Box 1032

3. Mailing Address

PO Box 1032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Summerfield FL

City & State

Summerfield FL

Zip

34492

Country

USA

Zip

34492

Country

USA

4. FEI Number

20-4587631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

3/17/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MAUDLIN, MATTHEW
6300 SE 121 ST PL
BELLEVIEW FL 34420

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HURLEY, BRYAN
35130 ISLAND POND LN
EUSTIS FL 32736

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

3/17/08

Date

3528950800

Daytime Phone #