

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90355 035 \*\*\*\*\*50.00

**DOCUMENT # L06000042008**

1. Entity Name  
**3D SOLUTIONS LLC**



Principal Place of Business Mailing Address  
**4960 LAKELAND COMMERCE PARKWAY, UNITS 4-5 4960 LAKELAND COMMERCE PARKWAY, UNITS 4-5**  
**LAKELAND, FL 33805 US LAKELAND, FL 33805 US**

**40100016**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-4859070**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLER, MICHAEL**  
**4960 LAKELAND COMMERCE PARKWAY, UNIT 4-5**  
**LAKELAND, FL 33805**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 MGRM ☐ Delete  
NAME ELLER, CONNIE  
STREET ADDRESS 9639 41ST STREET NORTH  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME BURI, BERT  
STREET ADDRESS 1319 TROON DRIVE  
CITY-ST-ZIP SUN PRAIRIE, WI 53590

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME ELLER, TERRANCE  
STREET ADDRESS 1348 LAUREL GLEN DRIVE  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

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

**4/30/2007**

Date

**863-665-1911**

Daytime Phone #