

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067757

FILED
Jan 26, 2009
Secretary of State

Entity Name: FULFILLMENT SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

1217 CAPE CORAL PARKWAY, EAST
SUITE 345
CAPE CORAL, FL 33904

New Principal Place of Business:

8200 COLLEGE PKWY
SUITE 201
FT. MYERS, FL 33919

Current Mailing Address:

1217 CAPE CORAL PARKWAY, EAST
SUITE 345
CAPE CORAL, FL 33904

New Mailing Address:

8200 COLLEGE PKWY
SUITE 201
FT. MYERS, FL 33919

FEI Number: 20-5172504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPHERD, BARRY
1217 CAPE CORAL PARKWAY, EAST
SUITE 345
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SHEPHERD, BARRY
8200 COLLEGE PKWY
SUITE 201
FT. MYERS, FL 33919 US

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:

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHEPHERD, BARRY
Address: 1217 CAPE CORAL PARKWAY, EAST, STE 345
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHEPHERD, BARRY
Address: 8200 COLLEGE PKWY, ST. 201
City-St-Zip: FT. MYERS, FL 33919

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: BECKY SHEPHERD

SECR

01/26/2009

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