2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90166 003 ***138.75

50004098

04112008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000077564

1. Entity Name
REALTY CAPITAL SOLUTIONS, LLC

Principal Place of Business	Mailing Address
23003 BAY CEDAR DR. LAND O'LAKES, FL 34639	23003 BAY CEDAR DR. LAND O'LAKES, FL 34639

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
23638 Gracewood Circle		23638 Gracewood Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Land O Lakes, FL		City & State: Land O Lakes, FL	
Zip: 34639	Country: USA	Zip: 34639	Country: USA

4. FEI Number: 14-1973414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WADDINGTON, DORI
23003 BAY CEDAR DR.
LAND O'LAKES, FL 34639

7. Name and Address of New Registered Agent

Name: Dori Waddington
Street Address (P.O. Box Number is Not Acceptable): 23638 Gracewood Circle
City: Land O Lakes FL Zip Code: 34639

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] 4/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADDINTON, SCOTT 23003 BAY CEDAR DR. LAND O'LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scott Waddington 23638 Gracewood Circle Land O Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADDINGTON, DORI 23003 BAY CEDAR DR. LAND O'LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dori Waddington 23638 Gracewood Circle Land O Lakes, FL 34639	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE: [signature] 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #