

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077564

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: REALTY CAPITAL SOLUTIONS, LLC

**Current Principal Place of Business:**

23638 GRACEWOOD CIRCLE  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

23638 GRACEWOOD CIRCLE  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number: 14-1973414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADDINGTON, DORI  
23638 GRACEWOOD CIRCLE  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WADDINGTON, SCOTT  
Address: 23638 GRACEWOOD CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM ( ) Delete  
Name: WADDINGTON, DORI  
Address: 23638 GRACEWOOD CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WADDINGTON, SCOTT J  
Address: 23638 GRACEWOOD CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM (X) Change ( ) Addition  
Name: WADDINGTON, DORI R  
Address: 23638 GRACEWOOD CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

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: SCOTT WADDINGTON

MGRM

04/14/2009

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