

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000084282

1. Entity Name

COMMUNITY RESOURCE SOLUTIONS, LLC



Principal Place of Business

900 6TH AVE. S.
STE 301
NAPLES, FL 34102

Mailing Address

PO BOX 771029
NAPLES, FL 34107



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5438420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERICKSON, PHILIP A
900 6TH AVE. S.
STE. 301
NAPLES, FL FL

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000943857
05/29/08-80076-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ERICKSON, PHILIP A
STREET ADDRESS 900 6TH AVE. S., STE. 301
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGR
NAME BRANNON, TIMOTHY
STREET ADDRESS 900 6TH AVE. S., STE 301
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGR
NAME WOZNIAK, GUY
STREET ADDRESS 900 6TH AVE. S., STE. 301
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Philip A. Erickson 4/30/08 239-261-8080