

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096420

FILED
May 11, 2007
Secretary of State

Entity Name: CONSOLIDATED PURCHASING SOLUTIONS LLC

Current Principal Place of Business:

4190 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

PO BOX 547902
ORLANDO, FL 32854

New Mailing Address:

FEI Number: 20-5637336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HILLPOT, TRAVIS
2881 CITRON DRIVE
LONGWOOD, FL 32779 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HILLPOT, TRAVIS
Address: 2881 CITRON DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Delete
Name: KINTZLER, JOHN
Address: 25527 HAWKS RUN LANE
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRAVIS HILLPOT

PRES

05/11/2007

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