


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90080 047 \*\*\*\*50.00

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| <b>DOCUMENT # L06000098411</b>   |                                     |    |  |
| 1. Entity Name<br><b>RUSSELL SERVICE SOLUTIONS LLC</b>   |                                     |   |  |
| Principal Place of Business<br><b>585 SANCTUARY DRIVE, APT. 303<br/>LONG BOAT KEY, FL 34228</b>  |                                     | Mailing Address<br><b>585 SANCTUARY DRIVE, APT. 303<br/>LONG BOAT KEY, FL 34228</b> |  |
| 2. Principal Place of Business - No P.O. Box #   |                                     | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |  |
| City & State   |                                     | City & State  |  |
| Zip  | Country                             | Zip   | Country  |
| 02202007   |                                     | Chg-LLC CR2E083 (12/06)   |  |
| 4. FEI Number<br><b>22-3944470</b>   |                                     | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                     | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |                                     | <b>7. Name and Address of New Registered Agent</b>                                  |  |
| <b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>   |                                     | Name  |  |
|  |                                     | Street Address (P.O. Box Number is Not Acceptable)                                  |  |
|  |                                     | City  | FL Zip Code  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                     |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                                     | <b>Make check payable to<br/>Florida Department of State</b>                        |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                     | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE  | MGR <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   | RUSSELL, MELANIE J                  | NAME  |  |
| STREET ADDRESS   | 585 SANCTUARY DRIVE, APT. 303       | STREET ADDRESS  |  |
| CITY-ST-ZIP  | LONG BOAT KEY, FL 34228             | CITY-ST-ZIP   |  |
| TITLE  | ST <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   | RUSSELL, MELANIE J                  | NAME  |  |
| STREET ADDRESS   | 585 SANCTUARY DRIVE, APT. 303       | STREET ADDRESS  |  |
| CITY-ST-ZIP  | LONG BOAT KEY, FL 34228             | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE   | MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                                     | NAME  | RUSSELL, STEPHEN A   |
| STREET ADDRESS   |                                     | STREET ADDRESS  | 585 SANCTUARY DRIVE, APT. 303  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP   | LONG BOAT KEY, FL 34228  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   |                                     | NAME  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   |                                     | NAME  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   |                                     | NAME  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP   |  |
| 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. |                                     |   |  |
| <b>SIGNATURE:</b>   |                                     | 2/21/2007 144 7956 696935   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                     | <small>Date Daytime Phone #</small>   |  |