

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90132 049 ***138.75

DOCUMENT # L06000098411

1. Entity Name
RUSSELL SERVICE SOLUTIONS LLC



Principal Place of Business
**585 SANCTUARY DRIVE, APT. 303
 LONG BOAT KEY, FL 34228**

Mailing Address
**585 SANCTUARY DRIVE, APT. 303
 LONG BOAT KEY, FL 34228**

60007002



2. Principal Place of Business - No P.O. Box #
2130 REYNOLDS ST.

3. Mailing Address
2130 REYNOLDS ST.

Suite, Apt. #, etc.

01092008 Chg-LLC CR2E083 (12/06)

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34231

Country
USA

Zip
34231

Country
USA

4. FEI Number
22-3944470

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
LES SAROI CPA

Street Address (P.O. Box Number is Not Acceptable)
**7061 S. TAMiami TRAIL
 SUITE C**

City
SARASOTA

FL

Zip Code
34231

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]* DATE **2/8/08**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, MELANIE J 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSSELL, MELANIE J 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, STEPHEN A 585 SANCTUARY DR. APT. 303 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	85 SOUTH POLK DRIVE SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	85 SOUTH POLK DRIVE SARASOTA FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	85 South Polk Dr Sarasota FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* MANAGER STEPHEN RUSSELL 1/9/08 941-899-5281

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #