
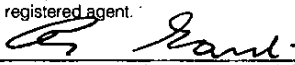



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box # 2130 REYNOLDS ST.		3. Mailing Address 2130 REYNOLDS ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 22-3944470	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. 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 SARDI 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  2/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, MELANIE J <input type="checkbox"/> Delete 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 SOUTH POLK DRIVE SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUSSELL, MELANIE J <input type="checkbox"/> Delete 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 SOUTH POLK DRIVE SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, STEPHEN A <input type="checkbox"/> Delete 585 SANCTUARY DR. APT. 303 LONGBOAT KEY, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 85 South Polk Dr Sarasota FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: 			MANAGER STEPHEN RUSSELL 1/9/08 941-899-5281		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		