

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116510

FILED
Apr 29, 2009
Secretary of State

Entity Name: CAPITAL SOLUTIONS SERVICES, LLC

Current Principal Place of Business:

1324 SEVEN SPRINGS BLVD.
STE #133
NEW PORT RICHEY, FL 346555635 US

New Principal Place of Business:

Current Mailing Address:

1324 SEVEN SPRINGS BLVD.
STE #133
NEW PORT RICHEY, FL 346555635 US

New Mailing Address:

FEI Number: 20-5990391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, JEFFREY D
1324 SEVEN SPRINGS BLVD.
STE #133
NEW PORT RICHEY, FL 346555635 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: FONTAINE, JEFFREY D
Address: 1324 SEVEN SPRINGS BLVD. #133
City-St-Zip: NEW PORT RICHEY, FL 346555635 US

Title: MGRM () Delete
Name: FONTAINE, SUSAN J
Address: 1324 SEVEN SPRINGS BLVD. #133
City-St-Zip: NEW PORT RICHEY, FL 346555635 US

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: SUSAN J. FONTAINE

MGRM

04/29/2009

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