

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074835

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** ORION COMMERCIAL SERVICES, LLC

**Current Principal Place of Business:**

20537 AMBERFIELD DRIVE  
LAND O' LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

20537 AMBERFIELD DRIVE  
LAND O' LAKES, FL 34638

**New Mailing Address:**

**FEI Number:** 90-0522575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUMBLEY, ALLEN S  
20537 AMBERFIELD DRIVE  
LAND O' LAKES, FL 34638 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  
**Name:** CAPSTONE TROPICAL HOLDINGS, INC.  
**Address:** 20537 AMBERFIELD DRIVE  
**City-St-Zip:** LAND O' LAKES, FL 34638 US

**Title:** MGRM  
**Name:** FIELDS, MICHAEL W  
**Address:** 20537 AMBERFIELD DRIVE  
**City-St-Zip:** LAND O' LAKES, FL 34638 US

I hereby 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:** MICHAEL W. FIELDS

MGR

04/06/2010

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