

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000085776

FILED
Oct 08, 2008
Secretary of State

Entity Name: CONSOLIDATED SERVICE SOLUTIONS, LLC

Current Principal Place of Business:

20 SOUTH LAKE AVENUE
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

Current Mailing Address:

20 SOUTH LAKE AVENUE
LAKE BUTLER, FL 32054 US

New Mailing Address:

FEI Number: 90-0388414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, WILLIAM S
20 SOUTH LAKE AVENUE
LAKE BUTLER, FL FL 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: WILLIAM S. WILSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, WILLIAM S
Address: 20 SOUTH LAKE AVENUE
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: MGRM () Delete
Name: DONELSON, TIMOTHY R
Address: 20 SOUTH LAKE AVENUE
City-St-Zip: LAKE BUTLER, FL 32054 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: TIMOTHY R. DONELSON

MGRM

10/08/2008

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