


2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|-------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L07000085776 | |  |
| 1. Entity Name CONSOLIDATED SERVICE SOLUTIONS, LLC | | |

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 20 SOUTH LAKE AVENUE LAKE BUTLER, FL 32054 US | Mailing Address 20 SOUTH LAKE AVENUE LAKE BUTLER, FL 32054 US |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

08122008 Chg-LLC CR2E083 (12/06)

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| | Not Applicable |

| | |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|-----------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WILSON, WILLIAM S 20 SOUTH LAKE AVENUE LAKE BUTLER, FL FL | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WILSON, WILLIAM S 20 SOUTH LAKE AVENUE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 01/29/09--01041--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DONELSON, TIMOTHY R 20 SOUTH LAKE AVENUE LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100142411101 01/29/09--01041--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | up 2/4/09 <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 |
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| 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: Timothy R. Donelson DATE: 1/20/2009 386 466-1906