## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078021

Entity Name: NEW PRODUCTS SOLUTION, LLC

FILED Feb 24, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4137 BAY BEACH LANE, SUITE 583 4137 BAY BEACH LANE FORT MYERS BEACH, FL 33931

SUITE 583

FORT MYERS BEACH, FL 33931

**Current Mailing Address: New Mailing Address:** 

4137 BAY BEACH LANE, SUITE 583 4137 BAY BEACH LANE

FORT MYERS BEACH, FL 33931 SUITE 583

FORT MYERS BEACH, FL 33931

FEI Number: 30-0506720 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LANG, DAVID LANG, DAVID 4137 BAY BEACH LANE, SUITE 583 4137 BAY BEACH LANE

FORT MYERS BEACH, FL 33931 SUITE 583

FORT MYERS BEACH, FL 33931 US

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: DAVID LANG 02/24/2010

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM Name: LANG DAVID

Address: 4137 BAY BEACH LANE, SUITE 583 City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM

Name: BOLDAK, DAVID

Address: 10318 SANDY HOLLOW LANE City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM

BOLDAK, PATRICIA L Name: 10318 SANDY HOLLOW LANE Address: City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM Name: LANG, DIANNE

4137 BAY BEACH LANE, SUITE 583 Address: City-St-Zip: FORT MYERS BEACH, FL 33931

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 Statues.

SIGNATURE: DAVID LANG **PRES** 02/24/2010