

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096930

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** COMPLETE POSTAL SOLUTIONS, LLC.

**Current Principal Place of Business:**

5415 W. SLIGH AVE.  
110  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

5415 W. SLIGH AVE.  
110  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 26-3527093      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SEBASTIAN, JAMES C III  
5415 W SLIGH AVE.  
110  
TAMPA, FL 33634 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:** SEBASTIAN, JAMES C III  
**Address:** 26438 WHIRLAWAY TERRACE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544 US

**Title:** MGRM  
**Name:** SEBASTIAN, KATHLEEN L  
**Address:** 26438 WHIRLAWAY TERRACE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544 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:** JAMES C. SEBASTIAN III

MGRM

02/18/2010

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