## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					25 CUS 17	ARY OF STATE	
DOCU 1. Entity Nam	MENT # L09000119		7	DIVISION OF	CORPORATION	15	
	PERTY SOLUTIONS, LLC				10 HAY -	-ц РМ 2: ци	ŀ
Principal Place of Business 1212 S. BINION ROAD APOPKA, FL 32703		Mailing Address 1212 S. BINION ROAD APOPKA, FL 32703					
2. Principal Place of Business - No P.O Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 05122010 C	Chg-LLC	CR2E083 (11/08)	
City & State		City & State		4. FE! Number	8577	/// I H	oplied For of Applicable
Zıp	Country	Zıp	Country	5. Certificate of Si	latus Desired	55.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent	N	7. Name and Add	iress of New Reg	platered Agent	
BENTON, SANDRA J 1212 S. BINION ROAD				Name Street Address (P.O. Box Number is Not Acceptable)			
APOPKA,	FL 32703						
			City			FL Zip Cod	
	named entity submits this statement to ions of registered agent.  X DAVIA  Signature typed or printed name of registered agent	Borton	registered office or regis  MGRW  Régistèred Agent signature requi	tered agent, or both, in		da. I am familiar with,  20 - / 0  DATE	and accept
	J						
<u>F</u> ILI	E NOW!!! FEE IS \$138.75					check payable to Department of State	9
<u>F</u> ILI 9.	MANAGING MEMBE	RS/MANAGERS	10.			Department of State	9
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE		Florida (	Department of State	Addition
9.	MANAGING MEMBE				Florida (	Department of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBE MGR BENTON, WESLEY G 1212 S. BINION ROAD APOPKA, FL 32703 MGRM		TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE		Florida (	Department of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBE MGR BENTON, WESLEY G 1212 S. BINION ROAD APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO</b> 05/26/	Florida (	HANGES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR BENTON, WESLEY G 1212 S. BINION ROAD APOPKA, FL 32703 MGRM BENTON, SANDRA J 1212 S. BINION ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	<b>DO</b> 05/26/	Florida (	HANGES Change	Addition
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MIR. 5-20-10 407-886-1122 G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #