

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L97000000494

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** CAPITAL SOLUTIONS BANCORP, LLC

**Current Principal Place of Business:**

12751 WORLD PLAZA LN  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12751 WORLD PLAZA LN  
FT. MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-0750559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOSKI, LAURIE A  
12751 WORLD PLAZA LN  
FT. MYERS, FL 33907 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:** MGR  
**Name:** WEIL, CARLOS  
**Address:** 7250 HEAVEN LANE  
**City-St-Zip:** FT. MYERS, FL 33908

**Title:** MGR  
**Name:** SIMKO, PABLO  
**Address:** 16918 TIMBERLAKES DR.  
**City-St-Zip:** FT. MYERS, FL 33908

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:** CARLOS WEIL

MGR

04/26/2010

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