

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000966

FILED
Feb 08, 2009
Secretary of State

Entity Name: CONTRACT SOLUTIONS LLC

Current Principal Place of Business:

9918 PERFECT DRIVE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

10125 SPYGLASS LANE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 54-1969246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORAN, MARK J
10125 SPYGLASS LANE
PORT ST. LUCIE, FL 34986 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 () Delete
Name: PAULLIN, RICHARD C
Address: 2530 RIVA RD.
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGR () Delete
Name: DORAN, MARK J
Address: 10125 SPYGLASS LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR (X) Delete
Name: MCGRATH, JOHN R
Address: 2358 INDIAN PAINTBRUSH CIRCLE
City-St-Zip: LITTLETON, CO 80129

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCGRATH, JOHN R
Address: 2358 INDIAN PAINTBRUSH CIRCLE
City-St-Zip: LITTLETON, CO 80129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK DORAN

MGR

02/08/2009

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