## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M08000005152

Entity Name: INTERNATIONAL DELIVERY SOLUTIONS LLC

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3508 ENTERPRISE AVE. NAPLES, FL 34104				3508 ENTERPRISE AVE. 100 NAPLES, FL 34104			
Current Mailing Address:				New Mailing Address:			
3508 ENTERPRISE AVE. NAPLES, FL 34104				7340 S. HOWELL AVE. SUITE 5 OAK CREEK, WI 53154			
El Number:	umber: 39-1965138 FEI Number Applied For ( ) FEI N		FEI Nur	ımber Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
10821 HAL BLD 56	ER, MARGARE LFMOON SHO PRINGS, FL 3	AL #102					
	named entity s of Florida.	submits this statement for the p	ourpose c	of changing i	ts registered o	office or registered agent, o	or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Fitle: Name: Address: City-St-Zip:	SCHNEIDER, M 10821 HALFMO	Delete ARGARET ON SHOAL #102 3S, FL 341351752		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Fitle: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	WINTERLE, JA	ELL AVE. STE.5	
Fitle: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MGRM ( WINTERLE, JA 7340 S HOWE OAK CREEK, V	LL AVE STE 5	

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: MARGARET SCHNEIDER MGRM 04/24/2009