

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005152

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** INTERNATIONAL DELIVERY SOLUTIONS LLC

**Current Principal Place of Business:**

3508 ENTERPRISE AVE.  
100  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

7340 S. HOWELL AVE.  
SUITE 5  
OAK CREEK, WI 53154

**New Mailing Address:**

**FEI Number:** 39-1965138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHNEIDER, MARGARET  
10821 HALFMOON SHOAL #102  
BLD 56  
BONITA SPRINGS, FL 341351752 US

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

SCHNEIDER, MARGARET COO  
10821 HALFMOON SHOAL #102  
BLD 56  
BONITA SPRINGS, FL 341351752 US

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: MARGARET SCHNEIDER

03/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHNEIDER, MARGARET COO  
Address: 10821 HALFMOON SHOAL #102  
City-St-Zip: BONITA SPRINGS, FL 341351752

Title: MGRM  
Name: WINTERLE, JAMES C  
Address: 7340 S. HOWELL AVE. STE.5  
City-St-Zip: OAK CREEK, WI 53154

Title: MGRM  
Name: WINTERLE, JANET L  
Address: 7340 S HOWELL AVE STE 5  
City-St-Zip: OAK CREEK, WI 53154

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: MARGARET SCHNEIDER

COO

03/23/2010

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