

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002766

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** TIER ONE CONSUMER PRODUCTS SERVICES, LLC

**Current Principal Place of Business:**

3707 FM 1960 WEST, SUITE 450  
HOUSTON, TX 77068

**New Principal Place of Business:**

**Current Mailing Address:**

3707 FM 1960 WEST, SUITE 450  
HOUSTON, TX 77068

**New Mailing Address:**

FEI Number: 26-3114014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: SCHUUR, TIM  
Address: 3707 FM 1960 WEST, SUITE 450  
City-St-Zip: HOUSTON, TX 77068

Title: MGR  
Name: DAVIS, LANCE  
Address: 3707 FM 1960 WEST, SUITE 450  
City-St-Zip: HOUSTON, TX 77068

Title: MGR  
Name: POTTER, DOUGLAS  
Address: 3707 FM 1960 WEST, SUITE 450  
City-St-Zip: HOUSTON, TX 77068

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: TIM SCHUUR

PRES

04/15/2010

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