

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005915

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: RESOURCE CONSULTING, LLC

**Current Principal Place of Business:**

741 DELGADO DRIVE,  
RESOURCE SUITE  
BATON ROUGE, LA 70808

**New Principal Place of Business:**

**Current Mailing Address:**

741 DELGADO DRIVE,  
RESOURCE SUITE  
BATON ROUGE, LA 70808

**New Mailing Address:**

FEI Number: 72-1400433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MARCIAL, MINETTE  
830 WEST PRINCETON STREET  
ORLANDO, FL 32804 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: MRGM ( ) Delete  
Name: GRIMBALL, ROSS  
Address: 741 DELGADO DRIVE, RESOURCE SUITE  
City-St-Zip: BATON ROUGE, LA 70808

Title: MRGM ( ) Delete  
Name: GRIMBALL, CARLA  
Address: 741 DELGADO DRIVE, RESOURCE SUITE  
City-St-Zip: BATON ROUGE, LA 70808

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: GRIMBALL, ROSS  
Address: 741 DELGADO DRIVE, RESOURCE SUITE  
City-St-Zip: BATON ROUGE, LA 70808

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: ROSS GRIMBALL      PRES      01/16/2009

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