

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005604

Entity Name: RESPEC, LLC

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

1527 GREENVILLE HWY - SUITE 2
HENDERSONVILLE, NC 28792

New Principal Place of Business:

Current Mailing Address:

1527 GREENVILLE HWY - SUITE 2
HENDERSONVILLE, NC 28792

New Mailing Address:

FEI Number: 20-4246299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARNELL, JESSE W
11980 N.W. 26TH STREET
PLANTATION, FL 33323 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: MGRM () Delete
Name: KUBICA, MICHAEL A
Address: 1527 GREENVILLE HIGHWAY, STE 2
City-St-Zip: HENDERSONVILLE, NC 28792

Title: MGRM () Delete
Name: AUSTIN, MEREDITH G
Address: 1527 GREENVILLE HIGHWAY, STE 2
City-St-Zip: HENDERSONVILLE, NC 28792

Title: MGRM () Delete
Name: AUSTIN, WILLIAM R
Address: 1529 GREENVILLE HIGHWAY
City-St-Zip: HENDERSONVILLE, NC 28792

ADDITIONS/CHANGES:

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

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 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: MICHAEL A. KUBICA

MGRM

03/01/2007

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