

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005586

FILED  
Feb 10, 2012  
Secretary of State

Entity Name: RESPONSIVE HOLDINGS LLC

**Current Principal Place of Business:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**New Principal Place of Business:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324 US

**Current Mailing Address:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**New Mailing Address:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324 US

FEI Number: 61-1533624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MACHUL, JOHN D  
Address: 8151 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR  
Name: NEE, TIMOTHY  
Address: 8151 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR  
Name: STEWART, PHILIP  
Address: 8151 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR  
Name: FRITZ, WILLIAM  
Address: 8151 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR  
Name: COX, JR., JOHN  
Address: 8151 PETERS ROAD  
City-St-Zip: PLANTATION, FL 33324 US

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: JOHN D. MACHUL

MGR

02/10/2012

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