

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072867

Entity Name: RESUME WRITER'S INK, LLC

Current Principal Place of Business:

1600 SHONNORA DRIVE
GOTHA, FL 34734

Current Mailing Address:

1600 SHONNORA DRIVE
GOTHA, FL 34734

FEI Number: 26-3298930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICOLAI, KRISTENE A
1600 SHONNORA DRIVE
GOTHA, FL 34734 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MRS.
Name NICOLAI, KRISTENE A
Address 1600 SHONNORA DRIVE
City-State-Zip: GOTHA FL 34734

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTENE NICOLAI

CEO

03/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date