

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000185

**Entity Name:** REVENUE RESPONSE NETWORK, LLC**Current Principal Place of Business:**2501 MERCEDES DRIVE  
FORT LAUDERDALE, FL 33316**Current Mailing Address:**14 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316**FEI Number:** 20-0554185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROSCLAIR, LOU T  
2501 MERCEDES DRIVE  
FORT LAUDERDALE, FL 33316 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	MGRM
Name	LUMINA PACIFICA, INC.
Address	P.O. BOX 2151
City-State-Zip:	TEMECULA CA 92593
Title	MGRM
Name	FEDER-TROSCLAIR FAMILY TRUST
Address	2501 MERCEDES DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	MGRM
Name	TROSCLAIR, LOU T
Address	2501 MERCEDES DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33316
Title	MGRM
Name	TROSCLAIR-FEDER FAMILY TRUST
Address	2501 MERCEDES DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33316

*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:** LOU TROSCLAIR**MANAGER****04/05/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date