

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000000814

**Entity Name:** 800 RESPONSE INFORMATION SERVICES LLC**Current Principal Place of Business:**1795 WILLISTON ROAD, SUITE 200  
SOUTH BURLINGTON, VT 05403**Current Mailing Address:**1795 WILLISTON ROAD, SUITE 200  
SOUTH BURLINGTON, VT 05403 US**FEI Number:** 20-2097978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
17888 67TH CT NORTH  
LOXAHATCHEE, FL 33470 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	MANAGER
Name	CLEARY, ROBERT
Address	1795 WILLISTON ROAD, SUITE 200
City-State-Zip:	SOUTH BURLINGTON VT 05403

Title	MANAGER
Name	YOUNG, LINDA
Address	1795 WILLISTON ROAD, SUITE 200
City-State-Zip:	SOUTH BURLINGTON VT 05403

Title	MANAGER
Name	NOONAN, LAURA
Address	1795 WILLISTON ROAD, SUITE 200
City-State-Zip:	SOUTH BURLINGTON VT 05403

Title	MANAGER
Name	ROSENBLATT, JAY
Address	1795 WILLISTON ROAD SUITE 200
City-State-Zip:	SOUTH BURLINGTON VT 05403

*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:** ROBERT CLEARY

MANAGER

01/29/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date