

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000000442

Entity Name: RESOURCE ACTION PROGRAMS, LLC**Current Principal Place of Business:**102 N. FRANKLIN STREET
PORT WASHINGTON, WI 53074**Current Mailing Address:**102 N. FRANKLIN STREET
PORT WASHINGTON, WI 53074 US**FEI Number:** 45-3803180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGR
Name SCHUELLER, PAUL T
Address 102 N. FRANKLIN STREET
City-State-Zip: PORT WASHINGTON WI 53074

Title MGR
Name MCDONOUGH, KEVIN M
Address 102 N. FRANKLIN STREET
City-State-Zip: PORT WASHINGTON WI 53074

Title MGR
Name TARRENCE, DANIEL J
Address 102 N. FRANKLIN STREET
City-State-Zip: PORT WASHINGTON WI 53074

Title MGR
Name CARROLL, EDWARD M
Address 102 N. FRANKLIN STREET
City-State-Zip: PORT WASHINGTON WI 53074

Title MGR
Name BALLARD, RICHARD A
Address 102 N. FRANKLIN STREET
City-State-Zip: PORT WASHINGTON WI 53074

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: KEVIN M. MCDONOUGH

MGR

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date