2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000119 *

 Entity Name RLS SERVICES, L.C.

FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

1771 46TH STREET NORTH ST. PETERSBURG, FL 33713 Mailing Address

1771 46TH STREET NORTH ST. PETERSBURG, FL 33713



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For S9-3616333 Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Regulred

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

PATEL & O'CONNOR, P.A. 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

8.	 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. 	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELTON, RICHARD L 1771 46TH STREET NORTH ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR SHELTON, GAY JOYCE 1771 46TH STREET NORTH ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	certify that the information supplied with this filing does not qualify for the e	

U00000645736 03/06/07-80001-804 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RICHARD L SHELTON

2/2//07 121.32/872