2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L01000005977

Entity Name: RSG ENTERPRISES, LLC

Current Principal Place of Business:

686 PARKVALLEY CIR
MINNEOLA, FL 34715 US

New Principal Place of Business:

1101 IMPERIAL EAGLE ST.
GROVELAND, FL 34736 US

Current Mailing Address:

686 PARKVALLEY CIR
MINNEOLA, FL 34715 US

New Mailing Address:

1101 IMPERIAL EAGLE ST.
GROVELAND, FL 34736 US

FEI Number: 52-2312094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, WINSTON
2341 WEKIVA RIDGE ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GALLON, RICHARD S
Address: 686 PARKVALLEY CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

Title: MGR ( ) Delete
Name: GALLON, RHONDA B
Address: 686 PARKVALLEY CIRCLE
City-St-Zip: MINNEOLA, FL 34715 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GALLON, RICHARD S
Address: 1101 IMPERIAL EAGLE ST.
City-St-Zip: GROVELAND, FL 34736 US

Title: MGR (X) Change ( ) Addition
Name: GALLON, RHONDA B
Address: 1101 IMPERIAL EAGLE ST.
City-St-Zip: GROVELAND, FL 34736 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICHARD S. GALLON PRES 04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date