

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000078

FILED
Feb 15, 2009
Secretary of State

Entity Name: RESOURCE DEVELOPMENT SYSTEMS, LLC

Current Principal Place of Business:

271 SE POLK LANE
LAKE CITY, FL 32056

New Principal Place of Business:

934 FALLING CREEK DR.
MACON, GA 31220

Current Mailing Address:

P.O. BOX 3185
LAKE CITY, FL 32056

New Mailing Address:

934 FALLING CREEK DR.
MACON, GA 31220

FEI Number: 01-0701176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAR, ANN D
271 SE. POLK LN.
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

LEAR, KEITH
1077 LAKESIDE DR.
APOPKA, FL 32712 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: KEITH LEAR

02/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEAR, GARFIELD E JR.
Address: P.O. BOX 3185
City-St-Zip: LAKE CITY, FL 32056 US

Title: MGRM () Delete
Name: LEAR, ANN D
Address: P.O. BOX 3185
City-St-Zip: LAKE CITY, FL 32056 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEAR, GARFIELD E JR.
Address: 934 FALLING CREEK DR.
City-St-Zip: MACON, GA 31220 US

Title: MGRM (X) Change () Addition
Name: LEAR, ANN D
Address: 934 FALLING CREEK DR.
City-St-Zip: MACON, GA 31220 US

I hereby certify that the information supplied with this filing does not qualify 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: ANN LEAR

MGR

02/15/2009

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