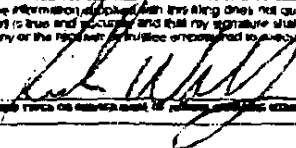


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013859			
1. Entity Name RESQ LLC			
Principal Place of Business 19 BIRCH AVENUE SHALIMAR, FL 32579		Mailing Address 19 BIRCH AVENUE SHALIMAR, FL 32579	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLF, RICHARD S 19 BIRCH AVENUE SHALIMAR, FL 32579		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 a member with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, hand or printed name of registered agent and date if available			
9. MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY, ST, ZIP	TITLE NAME STREET ADDRESS CITY, ST, ZIP	ADDITIONS/CHANGES ☐ Change ☐ Addition	
PRESIDENT RICHARD H. WOLF 1711 GRAYSAC CT CORNELIUS, NC 28031			
VICE PRESIDENT VS ARNO A. HERNESGER SUNNENHANG 153 A-7216 ROTTENMANN			
AUSTRIA-EUROPE			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 135.07(2)(b), Florida Statutes. I further certify that the information included 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 registered trustee empowered to execute this report as required by Chapter 680, Florida Statutes.			
SIGNATURE: 			

FILED
03 OCT 30 AM 11:45
STATE OF FLORIDA
TALLAHASSEE



☐ CHECK HERE IF MAKING CHANGES

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9/26/03--01078--001 **50.00

CPRE203 (10/02)