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

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013859

1. Entity Name
RESQ LLC

Principal Place of Business	Mailing Address
19 BIRCH AVENUE SHALIMAR, FL 32579	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 — Country — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

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

WOLF, RICHARD S
19 BIRCH AVENUE
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

900023867879
09/25/03--01078--001 **30.00

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICHARD H. WOLF 1711-1 GRAYSIDE CT CORNELIUS NC 28031	☐ Delete
TITLE VS / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ARNO AHERNEGGER SONNENHANG 153 A-6752 RATTENMANN	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUSTRIA-EUROPE	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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ORPER83 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Trustee or other court authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ Date