

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90262 014 ***138.75

DOCUMENT # L02000026695

1. Entity Name
NATIONAL RECORDKEEPING SERVICES, L.L.C.



Principal Place of Business	Mailing Address
2900 4TH STREET NORTH, SUITE A202 ST. PETERSBURG, FL 33704	2900 4TH STREET NORTH, SUITE A202 ST. PETERSBURG, FL 33704
701 94th Av. N., Suite 200 St. Petersburg, FL 33702	701 94th Av. N., Suite 200 St. Petersburg, FL 33702



01112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2208904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, GREGORY E.
~~2900 4TH STREET NORTH, SUITE A202~~
~~ST. PETERSBURG, FL 33704~~
701 94th Av. N., Suite 200
St. Petersburg, FL 33702

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MATTHEWS, GREGORY E
STREET ADDRESS	105 BAYPOINT DR NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704

TITLE	MGRM
NAME	MATTHEWS, KATHLEEN M
STREET ADDRESS	105 BAYPOINT DR NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704

TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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

Date _____ Daytime Phone # _____