# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 02, 2007**
**Secretary of State**

DOCUMENT# L03000014466

**Entity Name:** RESULTS CUSTOMER SOLUTIONS, LLC

**Current Principal Place of Business:**

499 SHERIDAN STREET
4TH FLOOR
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

499 SHERIDAN STREET
4TH FLOOR
DANIA, FL 33004

**New Mailing Address:**

**FEI Number: 02-0690151** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ROBERT M. MAYER & ASSOCIATES, INC.
1320 S. DIXIE HWY., STE. 811
CORAL GABLES, FL 33146 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: | MGR | ( ) Delete |
| Name: | MEARES, GREGORY | |
| Address: | 499 E SHERIDAN ST, 4TH FLOOR | |
| City-St-Zip: | DANIA, FL 33004 | |
| Title: | MGR | ( ) Delete |
| Name: | RAPP, ROBERT | |
| Address: | 499 E SHERIDAN ST, 4TH FLOOR | |
| City-St-Zip: | DANIA, FL 33004 | |
| Title: | MGR | ( ) Delete |
| Name: | MATERA, EDWARD | |
| Address: | 499 E SHERIDAN ST, 4TH FLOOR | |
| City-St-Zip: | DANIA, FL 33004 | |
| Title: | MGRM | ( ) Delete |
| Name: | RESULTS TECHNOLOGIE, S INC. | |
| Address: | 499 SHERIDAN STREET # 400 | |
| City-St-Zip: | DANIA, FL 33004 | |
| Title: | MGRM | ( ) Delete |
| Name: | INTERACTIVE QUALITY, SOLUTIONS | |
| Address: | 4760 PRESTON RD SUITE 244 | |
| City-St-Zip: | FRISCO, TX 75034 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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: ROBERT RAPP MGR 05/02/2007

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