## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000014466

City-St-Zip: FRISCO, TX 75034

Entity Name: RESULTS CUSTOMER SOLUTIONS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
499 SHER 4TH FLOC DANIA, FL				
Current Mailing Address:			New Mailing Address:	
499 SHER 4TH FLOC DANIA, FL				
FEI Number:	: 02-0690151	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1320 S. DI.	M. MAYER & A XIE HWY., STE ABLES, FL 33	SSOCIATES, INC. E. 811 146 US		
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MEARES, GRE	N ST, 4TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	RAPP, ROBER	AN ST, 4TH FLOOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MATERA, EDW	AN ST, 4TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	INTERACTIVE	Delete QUALITY SOLUTIONS	Title: Name:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: ROBERT RAPP MGR 04/30/2009