

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019275 1. Entity Name INVESTORS RESOURCE CENTER, LLC	
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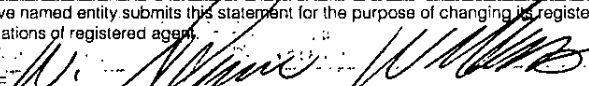
Principal Place of Business 3165 MCCRORY PL #185 ORLANDO, FL 32803	Mailing Address PO BOX 149232 ORLANDO, FL 32814
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DO NOT WRITE IN THIS SPACE

	
01172008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 13-9252903	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, W DUANE 3165 MCCRORY PL #185 ORLANDO, FL 32803
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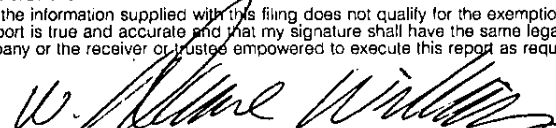
DO NOT WRITE IN THIS SPACE

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
(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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, ANDREA 671 PROGRESS WAY SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DUANE 403 BARCLAY AVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, KELLY 337 MISTY OAKS RUN CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURT, RALPH A II 1081 N. LAKE SYBELIA DR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000810556 02/08/08-80070-002 138.75 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: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	