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

Principal Place of Business
3165 MCCRORY PL
#185
ORLANDO, FL 32803

Mailing Address
PO BOX 149232
ORLANDO, FL 32814

01172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS

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

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02/08/08-80070-002 138.75

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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: W. Duane Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #