


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000021319 1. Entity Name RS CONSULTING SERVICES, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 15162 SW 94 TERR. MIAMI, FL 33196 | Mailing Address 15162 SW 94 TERR. MIAMI, FL 33196 |
|---|---|

DO NOT WRITE IN THIS SPACE



04252005No Chg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 20-0044252 | 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

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

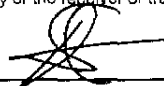
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SHIM, ROBERT 15162 SW 94 TERR. MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SHIM, DONNETT 15162 SW 94 TERR. MIAMI, FL 33196 |
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U00000341696
04/29/05-80022-022 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  ROBERT SHIM Date: 4/25/2005 Daytime Phone #: 786-853-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE