

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90059 029 ***138.75

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DOCUMENT # L03000033119 1. Entity Name CORPORATE RESPONSE, LLC			
Principal Place of Business 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065 US		Mailing Address 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business - No P.O. Box # 2701 GATEWAY DRIVE Suite, Apt. #, etc.		3. Mailing Address 2701 GATEWAY DRIVE Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL Zip Country 33069 USA		City & State POMPANO BEACH, FL Zip Country 33069 USA	
4. FEI Number 42-1603171		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLMAN, MAYNARD 4400 BISCAYNE BLVD SUITE 900 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2701 GATEWAY DRIVE City POMPANO BEACH FL Zip Code 33069	
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 MAYNARD HELLMAN 4/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELMOSSE, JOANNE 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 GATEWAY DRIVE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 JOANNE TELMOSSSE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/21/08 954 4892580 <small>Date Daytime Phone #</small>	