## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000039054

Entity Name: R E SOLUTIONS TEAM LLC

FILED Aug 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O.BOX 351692 4910 WALCOTT AVE

JACKSONVILE, FL 32235 JACKSONVILE, FL 32209 US

Current Mailing Address: New Mailing Address:

P.O.BOX 351692 JACKSONVILE, FL 32235

FEI Number: 52-2412694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERALD WALKER
P.O.BOX 351692

GERALD WALKER
4910 WALCOTT AVE

JACKSONVILLE, FL 32235 US JACKSONVILLE, FL 32209 US

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.

SIGNATURE: 08/21/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, GERALD MGR
 Name:

 Address:
 P.O.BOX 351692
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32235 US
 City-St-Zip:

Title: MGR (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, DENISE M MGR
 Name:

 Address:
 P.O.BOX 351692
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32235 US
 City-St-Zip:

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.

SIGNATURE: GERALD WALKER MGR 08/21/2007