

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054498

**FILED**  
**Feb 07, 2004**  
**Secretary of State**

**Entity Name:** RESULTS SERVICES LLC

**Current Principal Place of Business:**

11333 CONCH CT  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

1013 EDGEWOOD AVE  
JACKSONVILLE, FL 32208 US

**Current Mailing Address:**

11333 CONCH CT  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MORROW, KELLY G  
11333 CONCH CT  
JACKSONVILLE, FL 32223 US

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

MARKIEWICZ, MIKE  
1013 EDGEWOOD AVE  
JACKSONVILLE, FL 32208 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: MIKE MARKIEWICZ

02/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MORROW, KELLY G  
Address: 11333 CONCH CT  
City-St-Zip: JACKSONVILLE, FL 32223 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLY MORROW

MGR

02/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date