

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012760

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** RENOVATION SOLUTIONS TEAM LLC

**Current Principal Place of Business:**

C/O THE PARADIGM GROUP  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

P.O. BOX 13116  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

FEI Number: 20-0749148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLIER, NATHAN S  
C/O THE PARADIGM GROUP  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

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

COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 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: \_\_\_\_\_

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLLIER, NATHAN S  
Address: C/O PARADIGM, 220 N. MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COLLIER, NATHAN S  
Address: 220 N. MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32601

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: NATHAN S. COLLIER

MGRM

04/29/2009

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