

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000017137

**Entity Name:** RES IPSA ATLANTIS, LLC

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5705 90TH AVENUE CIR E  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**  
P.O. BOX 642  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 20-1017336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KATHERINE L. SMITH, P.A.  
6151 LAKE OSPREY DRIVE  
THIRD FLOOR  
SARASOTA, FL 34222 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM  
Name: RES IPSA, INC.  
Address: 5705 90TH AVENUE CIR E  
City-St-Zip: PARRISH, FL 34219

I hereby 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: KENNETH T. LESTER

PRES

04/29/2012

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