2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046234

1. Entity Name
RESOLUTE, LLC

Principal Place of Business	Mailing Address
1145 NW 10TH STREET BOYNTON BEACH, FL 33426	1145 NW 10TH STREET BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

04252006No Chg-LLC CR2E063 (11/05)

4. FEI Number
75-3158222
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, KAREN
1145 NW 10TH STREET
BOYNTON BEACH, FL 33426

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEIGHTON, KAREN
STREET ADDRESS	1145 NW 10TH STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	MGRM
NAME	STANFORD, NEVA
STREET ADDRESS	59 HEATHER COVE DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/12/06-80028-008 50.00

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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: Karen Leighton 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #