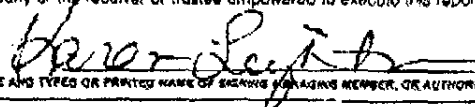


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000046234		
1. Entity Name RESOLUTE, LLC		
Principal Place of Business 1145 NW 10TH STREET BOYNTON BEACH, FL 33426		Mailing Address 1145 NW 10TH STREET BOYNTON BEACH, FL 33426
DO NOT WRITE IN THIS SPACE		
		 04252006 No Chg-LLC CR2E083 (11/05)
		4. FFI 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		DO NOT WRITE IN THIS SPACE
7. 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 is acceptable. (NOT: Registered agent signature required when transferring)		
Filing Fee is \$50.00 Due by May 1, 2006		
8. MANAGING MEMBERS/MANAGERS		1100000547507 05/12/06-80028-008 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LEIGHTON, KAREN 1145 NW 10TH STREET BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STANFORD, NEVA 50 HEATHER COVE DR BOYNTON BEACH, FL 33438	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: 		4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #