

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088106

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: RESEARCH & SOLUTIONS, LLC

**Current Principal Place of Business:**

496 LACOQUINA  
EDGEWATER, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

496 LACOQUINA  
EDGEWATER, FL 32141

**New Mailing Address:**

FEI Number: 51-3789297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, DON E  
3212 SOUTH GATE CIRCLE  
SARASOTA, FL 342395514 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: MGRM ( ) Delete  
Name: WILLIAMS, EDWARD  
Address: 8328 CANARY PALM CT.  
City-St-Zip: SARASOTA, FL 34238

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, EDWARD  
Address: 547 RIO GRANDE  
City-St-Zip: EDGEWATER, FL 32141

Title: MGRM ( ) Change (X) Addition  
Name: BYRNE, JANE  
Address: 547 RIO GRANDE  
City-St-Zip: EDGEWATER, FL 32141

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: EDWARD WILLIAMS

MGRM

02/19/2009

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