

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033962

Entity Name: R.E. LEGALFORCE, LLC

FILED
Aug 07, 2006
Secretary of State

Current Principal Place of Business:

5 FONSECA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

5 FONSECA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 73-1734198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMIREZ, MIRELLA
5 FONSECA AVENUE
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: RAMIREZ, MIRELLA
Address: 5 FONSECA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Change (X) Addition
Name: GARCIA, ZOILA
Address: 5 FONSECA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Change (X) Addition
Name: RAMIREZ, FERNANDO
Address: 5 FONSECA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MIRELLA RAMIREZ

PRES

08/07/2006

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