

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053601

FILED
Jun 23, 2009
Secretary of State

Entity Name: RSJP, LLC

Current Principal Place of Business:

218 LAKE DRIVE
FLORAHOME, FL 32140

New Principal Place of Business:

Current Mailing Address:

4019 RICHMOND PARK DRIVE EAST
JACKSONVILLE, FL 322242223

New Mailing Address:

FEI Number: 06-1748193 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:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD., SUITE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

PLEIMAN & COMPANY, PA
9471 BAYMEADOWS RD STE 308
JACKSONVILLE, FL 32256 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: THOMAS C. PLEIMAN, JR.

06/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PATTERSON, SUSAN S
Address: 4019 RICHMOND PARK DR. EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: PATTERSON, RICHARD
Address: 4019 RICHMOND PARK DR. EAST
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN PATTERSON

P

06/23/2009

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