2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000060101

1. Entity Name
ERISP, LLC

Principal Place of Business	Mailing Address
6637 NATHAN DR JACKSONVILLE, FL 32216	6637 NATHAN DR JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3060721

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
MOYLE,FLANIGAN,KATZ ET AL
625 N. FLAGLER DR. 9TH FLOOR
WEST PALM BEACH, FL 33401

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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

Sig... (Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000877920
04/14/08-80033-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PAGE, ROGER K
STREET ADDRESS	118 CASTLEWOOD DR. #127
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGR
NAME	BLOW, KAREN
STREET ADDRESS	2690 GRAMPIAN WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Roger K Page

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #