

**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 6637 NATHAN DR JACKSONVILLE, FL 32216	Mailing Address 6637 NATHAN DR JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3060721	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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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**DO NOT WRITE
IN THIS SPACE**

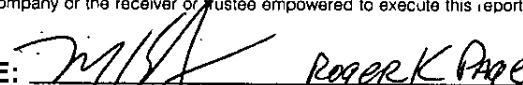
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature of registered agent and secretary, if any, required when reinstating)
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	000000877920 04/14/08-80033-022 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGE, ROGER K 118 CASTLEWOOD DR. #127 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOW, KAREN 2690 GRAMPIAN WAY JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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