

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100540

FILED
Aug 08, 2008
Secretary of State

Entity Name: RG INTERMEDIARY SERVICES, LLC

Current Principal Place of Business:

8406 PANAMA CITY BEACH PKWY, SUITE B
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

11739 SAND CASTLE LN
PANAMA CITY BEACH, FL 32407

New Mailing Address:

8406 PANAMA CITY BEACH PKWY, SUITE B
PANAMA CITY BEACH, FL 32407

FEI Number: 20-3591815 **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:

GIEVERS, RENATE
8406 PANAMA CITY BEACH PKWY, SUITE B
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

GIEVERS, RENATE
11739 CABANA COURT
PANAMA CITY BEACH, FL 32407 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: RENATE GIEVERS

08/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIEVERS, RENATE
Address: 8406 PANAMA CITY BEACH PKWY, SUITE B
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIEVERS, RENATE
Address: 11739 CABANA COURT
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: RENATE GIEVERS

MGR

08/08/2008

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