

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003599

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: RESOLUTION COLLECTIONS, LLC

**Current Principal Place of Business:**

34 MARIE CIRCLE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

34 MARIE CIRCLE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

P.O. BOX 372  
CRAWFORDVILLE, FL 32326

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REASON, TINA  
34 MARIE CIRCLE  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

CORNERSTONE MINISTRIES  
34 MARIE CIRCLE  
CRAWFORDVILLE, FL 32327 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: RALPH E. OLIVER

02/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REASON, TINA  
Address: 34 MARIE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: OLIVER, RALPH E  
Address: 34 MARIE CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: RALPH E. OLIVER

MGR

02/08/2007

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