
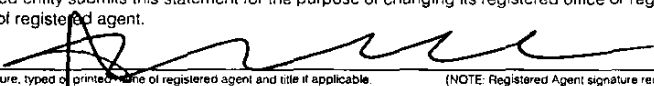
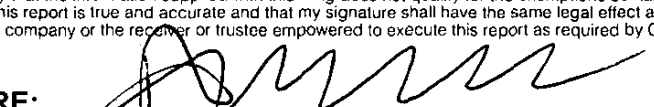


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90092 006 ***138.75

DOCUMENT # L06000038469 1. Entity Name RESULTZ L.L.C.					
Principal Place of Business 12744 W.ASHBROOK CIR JACKSONVILLE, FL 32225			Mailing Address 12744 W. ASHBROOK CIR JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box # 6917 Lagney Cir Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19333 Suite, Apt. #, etc. JAX FL			
City & State JAX, FL		City & State JAX FL		4. FEI Number 20-4683328	
Zip 32208		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NWASIKE, CHRIS C 12744 W.ASHBROOK CIR JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name NWASIKE, C Street Address (P.O. Box Number is Not Acceptable) 6917 Lagney Cir City JAX State FL Zip Code 32208		
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 6/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NWASIKE, CHRIS C 12744 W. ASHBROOK CIR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 8/23/08 Daytime Phone # 904-294-3956		

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06022008 Chg-LLC CR2E083 (12/06)