

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

05-02-2007 90357 002 ****50.00

DOCUMENT # L06000040638					
1. Entity Name RESIDENTIAL STAGING SERVICES, LLC					
Principal Place of Business 108 ALBATROSS WAY DAYTONA BEACH, FL 32119			Mailing Address 108 ALBATROSS WAY DAYTONA BEACH, FL 32119		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4732542	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VANDIVER, KATHLEEN C 108 ALBATROSS WAY DAYTONA BEACH, FL 32119				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$80.00 Due by May 1, 2007				Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VANDIVER, KATHLEEN C 108 ALBATROSS WAY DAYTONA BEACH, FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 4/29/07 386-322-7199		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		