


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000044399 1. Entity Name RESOLUTION AND MEDIATION SERVICES, LLC					
Principal Place of Business 1725 SOUTH MONROE STREET TALLAHASSEE, FL			Mailing Address P.O. BOX 5562 TALLAHASSEE, FL 32314-5562		
BK					
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		04302007 Chg-LLC CR2E083 (12/06)			
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLBERT, THOMAS E			Name		
1523 COLEMAN STREET			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32310					
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLBERT, THOMAS E		NAME		
STREET ADDRESS	P.O. BOX 5562		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323145562		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Thomas E. Colbert</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			04/30/07 880/264-2492 <small>Date Daytime Phone #</small>		

FILED

07 APR 30 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete

NAME COLBERT, THOMAS E

STREET ADDRESS P.O. BOX 5562

CITY-ST-ZIP TALLAHASSEE, FL 323145562

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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SIGNATURE: *Thomas E. Colbert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/30/07 880/264-2492
Date Daytime Phone #