


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90046 003 ***138.75

DOCUMENT # L06000098404 1. Entity Name RUSSELL BUSINESS GROUP LLC					
Principal Place of Business 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228			Mailing Address 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box # 545 SANCTUARY DRIVE Suite, Apt. #, etc. #504 City & State LONGBOAT KEY, FL Zip - 34228 Country USA			3. Mailing Address 545 SANCTUARY DRIVE Suite, Apt. #, etc. #504 City & State LONGBOAT KEY, FL Zip 34228 Country US		
4. FEI Number 22-3944390			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name LES GARDI CPA Street Address (P.O. Box Number is Not Acceptable) 7061 S MIAMI TRAIL SUITE C City SARASOTA FL Zip Code 34231		
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 Les Gardi CPA R. Gardi CPA 1/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSELL, CLIVE S 585 SANCTUARY DRIVE, APT. 303 LONG BOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PER 545 SANCTUARY DRIVE APT 504 LONGBOAT KEY, FL 34228	<input checked="" 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
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: CLIVE RUSSELL 1/4/08 941-284-9156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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