

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098404

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** RUSSELL BUSINESS GROUP LLC

**Current Principal Place of Business:**

545 SANCTUARY DRIVE, APT. 504  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

545 SANCTUARY DRIVE  
#504  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

545 SANCTUARY DRIVE, APT. 504  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

545 SANCTUARY DRIVE  
#504  
LONGBOAT KEY, FL 34228

**FEI Number:** 22-3944390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDI, LES CPA  
7061 S TAMiami TRAIL STE C  
SARASOTA, FL 34231 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RUSSELL, CLIVE S  
**Address:** 545 SANCTUARY DRIVE, APT. 504  
**City-St-Zip:** LONG BOAT KEY, FL 34228

**Title:** ST  
**Name:** RUSSELL, CLIVE S  
**Address:** 545 SANCTUARY DRIVE, APT. 504  
**City-St-Zip:** LONG BOAT KEY, FL 34228

I hereby 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:** CLIVE RUSSELL

MGR

01/05/2010

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