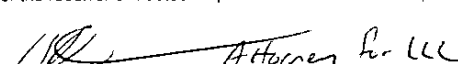


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90204 022 \*\*\*\*50.00

<b>DOCUMENT # L06000105687</b> 1. Entity Name <b>RESURGENS ADVISORY GROUP, LLC</b>					
Principal Place of Business <b>525 N.E. 3RD AVENUE, SUITE #102 DELRAY BEACH, FL 33444</b>			Mailing Address <b>525 N.E. 3RD AVENUE, SUITE #102 DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
					
04052007    Chg-LLC    CR2E083 (12/06)					
4. FEI Number <b>20-5860014</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>CASCIO, CARL A 525 N.E. 3RD AVENUE, SUITE #102 DELRAY BEACH, FL 33444</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE, THOMAS 525 N.E. 3RD AVENUE, SUITE #102 DELRAY BEACH, FL 33444 <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.					
<b>SIGNATURE:</b> 				Date      Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/6/07 201-274-7473	

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3/27/2007-90204-022-\$50.00-\$50.00

**DOCUMENT # L06000105687**

1. Entity Name  
**RESURGENS ADVISORY GROUP, LLC**



**ATTACHMENT**

**30004632**

Principal Place of Business  
**525 N.E. 3RD AVENUE, SUITE #102  
DELRAY BEACH, FL 33444**

Mailing Address  
**525 N.E. 3RD AVENUE, SUITE #102  
DELRAY BEACH, FL 33444**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-5860014**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASCIO, CARLA  
525 N.E. 3RD AVENUE, SUITE #102  
DELRAY BEACH, FL 33444**

Name

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

City

**FL**

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PRICE, THOMAS  
525 N.E. 3RD AVENUE, SUITE #102  
DELRAY BEACH, FL 33444** ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/6/07**