2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000105687



FILED Apr 12, 2007 8:00 am Secretary of State 03-27-2007 90204 022 ****50.00

1. Entity Name RESURGI	∍ ENS ADVISORY GROUP, L	LC				03-21-2001 9	0204 022	. 50.	00
	e of Business O AVENUE, SUITE #102 CH, FL 33444	Malling Address 525 N.E. 3RD AVENUE, SUITE #102 DELRAY BEACH, FL 33444			#11# #151L ##11# ##17# ##1##	5 (1811 8 818t 81M)	.	19 1 ett 1 8 8 1	
2. Principal PI	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04052007	Chg-LLC		3 (12/06)	
City & State	•	City & State			4. FEL Number	5860014	L		olied For Applicable
Zip	Country	Ζip	Countr	У		f Status Desired	┌ \$	5.00 Addi ee Required	
	6. Name and Address of Current R	egistered Agent	-	Name	7. Name and A	Address of New Re	gistered A	gent	
	CARL A RD AVENUE, SUITE #102 EACH, FL 33444			Street Address (F	P.O. Box Number	is Not Acceptable)		
DELRATE	EACH, FL 33444			City			FL	Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or register	ed agent, or both	, in the State of Flor		 miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE	: Registered	Agent signature required	I when reinstating)		DATE		
	ling Fee is \$50.00 ue by May 1, 2007						check pa Departme	yable to nt of State	,
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		-
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11. I hereby	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have.	the same	e legal effect as if r	made under oath:	ithat I am a manac	irther certify jing membe	that the info r or manage	ormation or of the

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

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Zip		Country)	000	''	5. Certificate	of Status Desired		\$5.00 Add Feo Raquire	
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	5. Name	and Address of Current	Kegistered Agent		News	/. name and	Address of New Re	gistered A	gent	
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			the purpose of changing its	registere	d office or register	ed agent, or bol	h, in the State of Flor	rida. I am t	amiliar with,	and accept
the obligati	ions of regis	lered agent.								

SIGNATURE .	Signature, types	or printed name of registered agent	and tils if applicable (NOT)	E: Registered	Agent signature required	when rematating)		DATE		
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