

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020800

Entity Name: RFS BOOKKEEPING, LLC

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

14000 EAGLE RIDGE LAKES DR
UNIT 202
FORT MYERS, FL 33912 US

New Principal Place of Business:

13481 SABAL POINT DRIVE
FORT MYERS, FL 33905 US

Current Mailing Address:

14000 EAGLE RIDGE LAKES DR
UNIT 202
FORT MYERS, FL 33912 US

New Mailing Address:

13481 SABAL POINT DRIVE
FORT MYERS, FL 33905 US

FEI Number: 20-8509869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORBIN, SHEILA
14000 EAGLE RIDGE LAKES DR
UNIT 202
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

CORBIN, SHEILA
13481 SABAL POINT DRIVE
FORT MYERS, FL 33905 US

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: SHEILA CORBIN

05/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORBIN, SHEILA
Address: 14000 EAGLE RIDGE LAKES DR #202
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORBIN, SHEILA
Address: 13481 SABAL POINT DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHEILA CORBIN

MS

05/13/2009

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