

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027575

Entity Name: RET SYSTEMS, LLC

FILED
Aug 04, 2008
Secretary of State

Current Principal Place of Business:

21520 YORBA LINDA BLVD G 462
YORBA LINDA, CA 92887

New Principal Place of Business:

Current Mailing Address:

21520 YORBA LINDA BLVD G 462
YORBA LINDA, CA 92887

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

PATHFINDER BUSINESS STRATEGIES, LLC
10315 102ND TERRACE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

FLOYD, PATRICIA A
13916 BRAMBLE BUSH CT
ORLANDO, FL 32832 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: PATRICIA A. FLOYD

08/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONROE, WILLIAM B
Address: 21520 YORBA LINDA BLVD G 462
City-St-Zip: YORBA LINDA, CA 92887

Title: MGR () Delete
Name: MONROE, DIANA M
Address: 21520 YORBA LINDA BLVD G 462
City-St-Zip: YORBA LINDA, CA 92887

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM MONROE

MGR

08/04/2008

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