

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032549

Entity Name: RS CONSULTING, LLC

FILED  
Sep 12, 2008  
Secretary of State

**Current Principal Place of Business:**

1100 EAST TENNESSEE STREET, STE A  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1100 EAST TENNESSEE STREET, STE A  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

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

ROLLINS, CHARLES H  
1100 EAST TENNESSEE STREET, STE A  
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROLLINS, CHARLES H  
Address: 1100 EAST TENNESSEE STREET, STE A  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: SCOTT, EDWARD  
Address: 1100 EAST TENNESSEE STREET, STE A  
City-St-Zip: TALLAHASSEE, FL 32301

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: DR. EDWARD SCOTT

MGRM

09/12/2008

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