2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L07000090371

Entity Name: RUSSELL BUSINESS SERVICES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
585 SANCUARY DRIVE APT # 303 LONG BOAT KEY, FL 34228 US	545 SANCUARY DRIVE APT # 504 LONG BOAT KEY, FL 34228 US

Current Mailing Address:	**New Mailing Address:**
585 SANCUARY DRIVE APT # 303 LONG BOAT KEY, FL 34228 US	545 SANCUARY DRIVE APT # 504 LONG BOAT KEY, FL 34228 US

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GARDI, LES CPA 7061 S. TAMIAMI TRAIL SUITE C SARASOTA, FL 34231 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: RUSSELL, STEPHEN A
Address: 585 SANCUARY DRIVE APT 303
City-St-Zip: LONG BOAT KEY, FL 34228 US

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

ADDITIONS/CHANGES:

Title: MGR   (X) Change ( ) Addition
Name: RUSSELL, STEPHEN A
Address: 85 POLK DRIVE
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR   ( ) Change (X) Addition
Name: RUSSELL, CLIVE S
Address: 545 SANCUARY DRIVE; #504
City-St-Zip: LONGBOAT KEY, FL 34228 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: CLIVE RUSSELL   MGR   04/08/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date