

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Aug 06, 2008 8:00 am
Secretary of State

07-09-2008 90048 004 ***138.75

08-06-2008 90030 017 ***11.25

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07032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000090424					
1. Entity Name RES INTERACTIVE, LLC					
Principal Place of Business 4800 BEACH BOULEVARD SUITE 10 JACKSONVILLE, FL 32207			Mailing Address 4800 BEACH BOULEVARD SUITE 10 JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country USA	Zip	Country	4. FEI Number 26-1160080	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PORTER, JASON K 1616 JORK ROAD SUITE 402 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECCI, LOUIS J. 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECCI, ALEX R 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, LAWRENCE S 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORKLE, MARK 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKINLEY, JOHN 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER, JASON K 1616 JORK ROAD, SUITE 402 JACKSONVILLE, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #					