2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095176

Entity Name: RGN SERVICES PLUS LLC

6100 STEVENSON DR. UNIT 210

ORLANDO, FL 32835 US

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6100 STEVENSON DR. # 210 ORLANDO, FL 32835 **New Mailing Address: Current Mailing Address:** PO BOX 618004 6100 STEVENSON DR. ORLANDO, FL 32861 #210 ORLANDO, FL 32835 FEI Number: 11-3826312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARIN, GRACE J 6100 STEVENSON DR. UNIT 210 ORLANDO, FL 32835 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MARIN, ALAIN R Name: Name: Address: 4146 WHITE PINE AVE Address: City-St-Zip: ORLANDO, FL 32811 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: OSOSRIO, RUBEN D Name: Address: 6100 STEVENSON DR. UNIT 210 Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MARIN, GRACE J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALAIN R. MARIN MGR 04/30/2009