

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122320

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: EQUITY RESOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

9950 SW 203RD CIRCLE  
DUNNELLON, FL 34431

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3138  
DUNNEDIN, FL 344303138

**New Mailing Address:**

P.O. BOX 3138  
DUNNELLON, FL 344303138 US

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

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

DE ROSA-PARISH, DEBRA-ANNE  
9950 SW 203RD CIRCLE  
DUNNELLON, FL 34431 US

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

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: MGRM ( ) Delete  
Name: PARISH, JAMES J JR.  
Address: P.O. BOX 3138  
City-St-Zip: DUNNELLON, FL 344303138

Title: MGRM ( ) Delete  
Name: CAREY, JOHN F  
Address: 5 LYSOLOMA DRIVE  
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM ( ) Delete  
Name: DE ROSA-PARISH, DEBRA-ANNE  
Address: P.O. BOX 3138  
City-St-Zip: DUNNELLON, FL 344303138

Title: MGRM ( ) Delete  
Name: CAREY, NATALIA  
Address: 5 LYSOLOMA COURT  
City-St-Zip: HOMOSASSA, FL 34446

**ADDITIONS/CHANGES:**

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

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

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: JAMES J. PARISH, JR.                      MGRM                      04/18/2008

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