2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002593

Entity Name: RE SOURCE ENTERPRISES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
214 SOPHIA TERRACE ST. AUGUSTINE, FL 32095	9309-1 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257

Current Mailing Address:	**New Mailing Address:**
214 SOPHIA TERRACE ST. AUGUSTINE, FL 32095	9309-1 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BROWN, JESSICA D P.A. 11611 SANDS AVE. JACKSONVILLE, FL 32216 US	WEAVER, CHRISTOPHER S 9309-1 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 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: CHRISTOPHER S WEAVER   01/23/2009
    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	WEAVER, CHRIS	Name:	WEAVER, CHRIS
Address:	6440 POTTSBURG DR.	Address:	9309-1 OLD KINGS ROAD SOUTH
City-St-Zip:	JACKSONVILLE, FL 32211 US	City-St-Zip:	JACKSONVILLE, FL 32257 US
Title:	MGRM (X) Delete	Title:	( ) Change ( ) Addition
Name:	VANATTA, JERE F	Name:	
Address:	214 SOPHIA TERRACE	Address:	
City-St-Zip:	ST. AUGUSTINE, FL 32095	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: CHRISTOPHER S WEAVER   MGRM   01/23/2009
    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date