

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020202

FILED
Jan 12, 2009
Secretary of State

Entity Name: R.S.S. COMMUNICATIONS, L.L.C.

Current Principal Place of Business:

4450 WEST EAU GALLIE BLVD., STE. 133
MELBOURNE, FL 32934

New Principal Place of Business:

4450 WEST EAU GALLIE BLVD., STE.
SUITE 130
MELBOURNE, FL 32934

Current Mailing Address:

4450 WEST EAU GALLIE BLVD., STE. 133
MELBOURNE, FL 32934

New Mailing Address:

4450 WEST EAU GALLIE BLVD., STE.
SUITE 130
MELBOURNE, FL 32934

FEI Number: 26-2112757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWER, EMILIO J
4450 WEST EAU GALLIE BLVD., STE. 133
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

POWER, EMILIO J
4450 WEST EAU GALLIE BLVD.
SUITE 130
MELBOURNE, FL 32934 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:

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POWER, EMILIO J
Address: 4450 WEST EAU GALLIE BLVD., STE. 133
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POWER, EMILIO J
Address: 4450 WEST EAU GALLIE BLVD., SUITE 130
City-St-Zip: MELBOURNE, FL 32934

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: EMILIO J. POWER

MGR

01/12/2009

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