2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L08000027994

Entity Name: RESILIENCE REHAB & EDUCATIONAL SERVICES, LLC

Current Principal Place of Business:

2828 DR. MLK JR. STREET SO.
ST. PETERSBURG, FL 33705

New Principal Place of Business:

4554 CENTRAL AVENUE
SUITE C
ST. PETERSBURG, FL 33711

Current Mailing Address:

2828 DR. MLK JR. STREET SO.
ST. PETERSBURG, FL 33705

New Mailing Address:

4554 CENTRAL AVENUE
SUITE C
ST. PETERSBURG, FL 33711

FEI Number: 26-2197909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRYANT-JONES, MARIA R
2828 DR. MLK JR. STREET SO.
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

BRYANT-JONES, MARIA R
4554 CENTRAL AVENUE
SUITE C
ST. PETERSBURG, FL 33711 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: 05/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BRYANT, MARIA R
Address: 2828 DR. MLK JR. ST. SO.
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRYANT, MARIA R
Address: 1408 22ND AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

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: MARIA BRYANT-JONES MGR 05/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date