

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037492

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** MANAGEMENT RESOURCE SPECIALIST "LLC"

**Current Principal Place of Business:**

450-106 STATE RD., 13N  
SUITE 180  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE RD., 13N  
SUITE 180  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 30-0555046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATERS, TERESA A  
450-106 STATE RD., 13N  
SUITE 210  
JACKSONVILLE, FL 32259 US

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

WATERS, TERESA A  
450-106 STATE RD., 13N  
SUITE 180  
JACKSONVILLE, FL 32259 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: TERESA WATERS

02/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WATERS, TERESA A  
Address: 450-106 STATE ROAD, 13N STE 180  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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: TERESA WATERS

MGR

02/21/2010

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