

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071321

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: RELIABLE RETURNS, LLC

**Current Principal Place of Business:**

14851 BLACKBIRD LANE  
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

15880 SUMMERLIN RD #300  
FT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 26-3047665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: YAFCHAK, JERRY  
Address: 15880 SUMMERLIN RD #300  
City-St-Zip: FT MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 2808 SW 2ND TER  
City-St-Zip: CAPE CORAL, FL 33991 US

**ADDITIONS/CHANGES:**

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: JERRY YAFCHAK

MGR

02/10/2009

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