

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077352

Entity Name: RS 702, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

8200 COLLEGE PARKWAY
#101
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8200 COLLEGE PARKWAY
#101
FORT MYERS, FL 33919 US

New Mailing Address:

5100 S CLEVELAND AVE
STE 318 - 321
FORT MYERS, FL 33907 US

FEI Number: 26-3159862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOKES, RICKY L
8200 COLLEGE PARKWAY
#101
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

STOKES, RICKY L
5100 S CLEVELAND AVE
STE 318 - 321
FORT MYERS, FL 33907 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: RICKY L STOKES

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOKES, RICKY L
Address: 8200 COLLEGE PKWY #101
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: DUDLEY, JEFFREY
Address: 5100 S CLEVELAND AVE. STE 318 PMB 321
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STOKES, RICKY L
Address: 5100 S CLEVELAND AVE STE 318 PMB 321
City-St-Zip: FORT MYERS, FL 33907 US

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: RICKY L STOKES

CEO

01/16/2009

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