

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077675

FILED  
Jul 28, 2009  
Secretary of State

Entity Name: RESIDENTIAL CONNECTIONS, LLC

**Current Principal Place of Business:**

15000 CITRUS COUNTRY  
DADE CITY, FL 33525

**New Principal Place of Business:**

15000 CITRUS COUNTRY 214  
DADE CITY, FL 33525

**Current Mailing Address:**

15000 CITRUS COUNTRY  
DADE CITY, FL 33525

**New Mailing Address:**

15000 CITRUS COUNTRY 214  
DADE CITY, FL 33525

FEI Number: 26-3241122      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:**

CADAVID, ANDRES  
3375 ANTIGUA LANE #305  
TAMPA, FL 33614      US

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

AGUILAR, SALVADOR  
15000 CITRUS COUNTRY DR 214  
DADE CITY, FL 33523      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: SALVADOR AGUILAR

07/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: AGUILAR, SALVADOR  
Address: 21756 GARDEN WALK-UP  
City-St-Zip: LAND O LAKES, FL 34637

**ADDITIONS/CHANGES:**

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: SALVADOR AGUILAR

MR

07/28/2009

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