

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079934

FILED  
Jul 27, 2009  
Secretary of State

Entity Name: RESCUE ME ENTERPRISES LLC

**Current Principal Place of Business:**

6601 WOODS ISLAND CIRCLE  
APT. # 108  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

6601 WOODS ISLAND CIRCLE  
APT. # 108  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

11462 TUSCANNY AVE  
SPRING HILL, FL 34608 US

FEI Number: 90-0408803      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:**

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

GILLESPIE, ANN M  
6601 WOODS ISLAND CIRCLE  
APT. # 108  
PORT ST LUCIE, FL 34952 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GILLESPIE, ANN M  
Address: 6601 WOODS ISLAND CIR, APT.# 108  
City-St-Zip: PORT ST LUCIE,, FL 34952 US

**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: AGILLESPIE

MGR

07/27/2009

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