

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080156

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** RESOLUTE ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

13 NE 1ST AVENUE  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1899  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 27-0777754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 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  
**Name:** LEHMAN, KELLY  
**Address:** 4998 SW 2ND CT.  
**City-St-Zip:** OCALA, FL 34471 US

**Title:** MGRM  
**Name:** LEHMAN, CLAYTON  
**Address:** 4998 SW 2ND CT.  
**City-St-Zip:** OCALA, FL 34471

**Title:** MGRM  
**Name:** COLLETT, JEREMY  
**Address:** 1215 SW 63RD STREET ROAD  
**City-St-Zip:** OCALA, FL 34476

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:** CLAYTON LEHMAN

MGRM

03/23/2012

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