

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096726

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** THE RESILIENT GROUP LLC

**Current Principal Place of Business:**

6412 BARRY DRIVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

14051 GOLDEN EAGLE DRIVE  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

6412 BARRY DRIVE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

14051 GOLDEN EAGLE DRIVE  
JACKSONVILLE, FL 32226

**FEI Number:** 27-1067166      **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:**

CLEMONS, NYLSA A  
14051 GOLDEN EAGLE DRIVE  
JACKSONVILLE, FL 32226 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  
**Name:** CLEMONS, DAVID JR  
**Address:** 14051 GOLDEN EAGLE DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32226 US

**Title:** MGR  
**Name:** CLEMONS, NYLSA A  
**Address:** 14051 GOLDEN EAGLE DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32226 US

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: NYLSA A. CLEMONS

MNGR

05/01/2010

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