

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000386

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** RESPONSE REWARD SYSTEMS L.C.

**Current Principal Place of Business:**

1850 BAY ROAD  
C-2  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1850 BAY ROAD  
C-2  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 65-0593841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VON KOHORN, MARCY  
1850 BAY ROAD  
2 C  
VERO BEACH, FL 32963 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:** MGR  
**Name:** VON KOHORN, MARCY  
**Address:** 1850 BAY ROAD 2C  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** MGR  
**Name:** VON KOHORN, CRAIG  
**Address:** 2165 55TH AVE.  
**City-St-Zip:** VERO BEACH, FL 32966

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:** MARCY VON KOHORN

MGR

02/16/2010

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