

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008514

Entity Name: RPE OUTSOURCING, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3613429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPSTEIN, CLIFF
10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

EPSTEIN, CLIFFORD L
10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610 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: CLIFFORD L. EPSTEIN

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EPSTEIN, CLIFF
Address: 18823 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33549

Title: MGR () Delete
Name: VILLA, THOMAS
Address: 2509 BUCKHORN RUN DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EPSTEIN, CLIFFORD L
Address: 18823 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33549

Title: MGR (X) Change () Addition
Name: VILLA, THOMAS H
Address: 2509 BUCKHORN RUN DRIVE
City-St-Zip: VALRICO, FL 33594

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: JACK M. WALWORTH

CFO

04/21/2008

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