

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90033 006 ****50.00

DOCUMENT # M05000007039

1. Entity Name

RELIABLE RESOURCES LLC



Principal Place of Business

9900 CORPORATE CAMPUS DRIVE SUITE 300
LOUISVILLE KY 40223

Mailing Address

9900 CORPORATE CAMPUS DRIVE SUITE 300
LOUISVILLE KY 40223



2. Principal Place of Business

~~6412 Bardstown Rd~~ *6412 Bardstown Rd*

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Same

City & State

Fern Creek, KY

City & State

Same

Zip

40291

Country

Jefferson

Zip

Same

Country

Same

2nd MOORE

CR2E083 (4/06)

4. FEI Number

61-1480432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

Same

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Scroggins *John Scroggins*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME HAAS, THERESE
STREET ADDRESS 9900 CORPORATE CAMPUS DRIVE SUITE 3000
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE MGR ☒ Delete
NAME SCROGGINS, JOHN D JR.
STREET ADDRESS 9900 CORPORATE CAMPUS DRIVE SUITE 3000
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME HAAS, THERESE
STREET ADDRESS 9900 CORPORATE CAMPUS DRIVE SUITE 3000
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE MGR ☒ Change ☐ Addition
NAME SCROGGINS, JOHN D JR.
STREET ADDRESS 9900 CORPORATE CAMPUS DRIVE SUITE 3000
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

John Scroggins *Finance Officer* *8/3/06* *502 836 0469*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #