

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030368

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: MUSSER & RICHARDS, L.L.C.

**Current Principal Place of Business:**

2150 HARDEN BLVD  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2150 HARDEN BLVD  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number: 32-0041791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUSSER, LAWRENCE B  
2150 HARDEN BLVD.  
LAKELAND, FL 33803 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 ( ) Delete  
Name: MUSSER, LAWRENCE B  
Address: 5402 TYBEE ISLAND DR  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM ( ) Delete  
Name: RICHARDS, HARLEY M  
Address: 1400 EASTON DR.  
City-St-Zip: LAKELAND, FL 33803

Title: MGR ( ) Delete  
Name: FOSTER, BRUCE A  
Address: 538 ISLEBAY DR.  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRUCE A FOSTER

MGR

04/02/2009

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