

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000040299**

1. Entity Name  
**R & S RENOVATIONS, LLC**



Principal Place of Business  
**1147 EMILYS WALK LANE EAST  
JACKSONVILLE, FL 32221**

Mailing Address  
**1147 EMILYS WALK LANE EAST  
JACKSONVILLE, FL 32221**



03282007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2733698</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GALLIHER, SUSAN L  
1147 EMILYS WALK LANE EAST  
JACKSONVILLE, FL 32221**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLIHER, SUSAN L 1147 EMILYS WALK LANE EAST JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLIHER, ROGER D 1147 EMILYS WALK LANE EAST JACKSONVILLE, FL 32221
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04/11/07-80045-010 50.00

**DO NOT WRITE  
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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:** *Roger Galliker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_