

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L05000040299
 1. Entity Name
 R & S RENOVATIONS, LLC



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



03032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2733698	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U0000858061
 03/27/08-80075-005 8.75

U00000858061
 03/27/08-80075-005 143.75

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 D. Galliker MGRM. ROGER GALLIHER 3/10/08 904-704-3106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #