

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001336

FILED
May 06, 2009
Secretary of State

Entity Name: RBRR, L.L.C.

Current Principal Place of Business:

710 OAKFILED DR., STE 225
BRANDON, FL 33511

New Principal Place of Business:

422 SOUTH KINGS AVENUE
BRANDON, FL 33511

Current Mailing Address:

710 OAKFILED DR., STE 225
BRANDON, FL 33511

New Mailing Address:

422 SOUTH KINGS AVENUE
BRANDON, FL 33511

FEI Number: 20-8828411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, WILLIAM P
715 SWANN AVE.
TAMPA, FL 33606 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: WILLIAMS, RHONDA O
Address: 420 VAN REED MANOR DR
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: ORY, BRETT A
Address: 420 VAN REED MANOR DR
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: ORY, RONNIE J JR
Address: 420 VAN REED MANOR DR
City-St-Zip: BRANDON, FL 33511

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: RHONDA ORY WILLIAMS

MGRM

05/06/2009

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