

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089664

FILED
Apr 09, 2009
Secretary of State

Entity Name: R & R SPECIAL MARKETING LLC

Current Principal Place of Business:

4409 WEST PAXTON AVENUE
TAMPA, FL 33611

New Principal Place of Business:

4508 W ROGERS AVENUE
TAMPA, FL 33611

Current Mailing Address:

4409 WEST PAXTON AVENUE
TAMPA, FL 33611

New Mailing Address:

4508 W ROGERS AVE
TAMPA, FL 33611

FEI Number: 26-0243171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANABRIA, ROSE M
4409 WEST PAXTON AVENUE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

SANABRIA, ROSE M
4508 W ROGERS AVE
TAMPA, FL 33611 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANABRIA, ROSE M
Address: 4409 WEST PAXTON AVENUE
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: SANBRIA, BERTA
Address: 4508 W ROGERS AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANABRIA, ROSE M
Address: 4508 W ROGERS AVENUE
City-St-Zip: TAMPA, FL 33611

Title: MGR (X) Change () Addition
Name: SANABRIA, BERTA
Address: 4508 W ROGERS AVENUE
City-St-Zip: TAMPA, FL 33611

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: ROSE M SANABRIA

MGRM

04/09/2009

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