

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007778

Entity Name: ELRU, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

% REBECCA T. EAVES
27101 OKEECHOBEE ROAD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

% REBECCA T. EAVES
27101 OKEECHOBEE ROAD
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-1032578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EAVES, WILLARD H JR.
27101 OKEECHOBEE ROAD
FORT PIERCE, FL 34945 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: MGR () Delete
Name: EAVES, REBECCA T
Address: 27101 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 349455000

Title: MGR () Delete
Name: MODINE, PATRICIA ANN
Address: 5660 SUMMERLIN ROAD
City-St-Zip: FORT PIERCE, FL 34987

ADDITIONS/CHANGES:

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: REBECCA EAVES

MGR

02/04/2009

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