

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002074

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: R STRONG, L.L.C.

**Current Principal Place of Business:**

4867 SAILFISH DRIVE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

4867 SAILFISH DRIVE  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 04-3601111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVELLE, ROBERT L  
4867 SAILFISH DRIVE  
PONCE INLET, FL 32127 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: ROBERT, LAVELLE L  
Address: 4867 SAILFISH DRIVE  
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM ( ) Delete  
Name: BARBARA, LAVELLE J  
Address: 4867 SAILFISH DRIVE  
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM ( ) Delete  
Name: HURD, MICHAEL J  
Address: 4968 SOUTH PENINSULA DRIVE  
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM ( ) Delete  
Name: HURD, ROBYN G  
Address: 4968 SOUTH PENINSULA DRIVE  
City-St-Zip: PONCE INLET, FL 32127

**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:

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: ROBERT LAVELLE

MGR

03/24/2009

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