

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000016903

1. Entity Name--
R/L, LLC



Principal Place of Business: Mailing Address

712 SOUTH RT. 27/441
LADY LAKE, FL 32159

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LADY LAKE, FL 32159

U00000839122

03/05/08-80057-018 138.75



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1160003

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOUSSETTE, RONALD JR.
712 SOUTH RT. 27/441
LADY LAKE, FL 32159

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MOUSSETTE, RONALD
STREET ADDRESS	38 BIG TRUCK TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	MOUSSETTE, RONALD B JR.
STREET ADDRESS	340 RIDGEWOOD DRIVE
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	S
NAME	MOUSSETTE, JANE
STREET ADDRESS	38 BIG TRUCK TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

R Moussette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-28-08

Date

Daytime Phone #