

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020854

Entity Name: R.J. RENTALS, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

616 TAMIAMI TRAIL UNIT A  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

616 TAMIAMI TRAIL UNIT A  
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

FEI Number: 65-1197339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLMES, DAVID A ESQ  
FARR, FARR, EMERICH, ET AL  
99 NESBIT ST.  
PUNTA GORDA, FL 339503636 US

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

HOLMES, DAVID A ESQ  
FARR, FARR, EMERICH, ET AL  
99 NESBIT ST.  
PUNTA GORDA, FL 33950 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: DAVID A. HOLMES

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JAWORSKI, GARY C  
Address: 2393 DANDO ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR (X) Delete  
Name: JAWORSKI, ROBIN E  
Address: 2393 DANDO ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

**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: GARY C. JAWORSKI

MGR

04/27/2009

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