

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012442

**FILED**  
**Aug 11, 2009**  
**Secretary of State**

**Entity Name:** DEVAUGHN RIP-RAP STONEWALLS, LLC

**Current Principal Place of Business:**

379 N GRIFFITH AVE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

379 N GRIFFITH AVE  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

**FEI Number:** 59-3751139      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DEVAUGHN, JIMMY  
379 N GRIFFITH AVE  
CRYSTAL RIVER, FL 34429      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:** MM      ( ) Delete  
**Name:** DEVAUGHN, JIMMY  
**Address:** 379 GIRFFITH AVE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

**ADDITIONS/CHANGES:**

**Title:** MM      (X) Change ( ) Addition  
**Name:** DEVAUGHN, JIMMY  
**Address:** 379 GRIFFITH AVE  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

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:** JIMMY DEVAUGHN

MM

08/11/2009

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