

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062267

FILED
Sep 16, 2009
Secretary of State

Entity Name: RAWVAR LLC

Current Principal Place of Business:

530 OPPITZ LN
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

530 OPPITZ LN
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-3554428 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:

VERRILL, RICHARD A
530 OPPITZ LN
LAKELAND, FL 33803 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: VERRILL, RICHARD A
Address: 530 OPPITZ LN
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: VERRITT, RICAHRD A JR.
Address: 530 OPPITZ LN
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: STANLEY, THOMAS E
Address: 443 LEMON ST
City-St-Zip: MULBERRY, FL 33860

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:

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: RICHARD A VERRILL

MGR

09/16/2009

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