# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# L04000086293

**Entity Name:** LARILSON CHARLES STUCCO LLC

**Current Principal Place of Business:**

976 LYONS CIRCLE NW
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

976 LYONS CIRCLE NW
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number: 42-1656144** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CHARLES, LARILSON
976 LYONS CIRCLE NW
PALM BAY, FL 32907 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: D ( ) Delete
Name: CHARLES, LARILSON
Address: 976 LYONS CIRCLE NW
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: MELIDOR, DANIEL
Address: 1792 SAYABEC STREET
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES:**

Title: DPST (X) Change ( ) Addition
Name: CHARLES, LARILSON
Address: 976 LYONS CIRCLE NW
City-St-Zip: PALM BAY, FL 32907

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: LARILSON CHARLES DPST 04/28/2009

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