## 2008 LIMITED LIABILITY COMPANY

# ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000090000** 

1. Entity Name FLORIDA RUST, LLC



Principal Place of Business

11616 DAUPHIN AVE N LARGO, FL 33778 US Mailing Address

11616 DAUPHIN AVE N LARGO, FL 33778 US

## **FILED** May 07, 2008 08:00 AN Secretary of State



02192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2000160

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SMITH, DAWN 11616 DAUPHIN AVE N LARGO, FL 33778

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<ol> <li>the above named entity submits this statement for the purpose.</li> </ol>	or changing its registered office (	or registered agent, or both, in the State of Florida.	i am iamiliar with, and accept
the obligations of registered agent.			
	•		
SIGNATURE			

(NOTE: Registered Agent signature required when reinstating)

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

06/03/08-80029-016 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR SMITH, DAWN 11616 DAUPHIN AVE N LARGO, FL 33778
HITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLINA, SERGIO G 30 RED ROSE DR LEVITOWN, PA 19056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY+ST-ZIP	
NAME STREET ADDRESS	- <del>-</del> .

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