

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056099

Entity Name: L.R.S., LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

10616 THORNE DRIVE  
FT. WASHINGTON, MD 20744 US

**New Principal Place of Business:**

**Current Mailing Address:**

10616 THORNE DRIVE  
FT. WASHINGTON, MD 20744 US

**New Mailing Address:**

FEI Number: 20-3046597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALES, CHARLES M  
2891 SE 19TH AVE.  
GAINESVILLE, FL 32641 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: MGRM ( ) Delete  
Name: GONZALES, LARRY A  
Address: 10616 THORNE DRIVE  
City-St-Zip: FT. WASHINGTON, MD 20744 US

Title: MGRM ( ) Delete  
Name: BURNS, ROBERTA L  
Address: 10616 THORNE DRIVE  
City-St-Zip: FT. WASHINGTON, MD 20744 US

Title: MGRM ( ) Delete  
Name: GONZALES, STACEY A  
Address: 6617 EAST WAKEFIELD DR., APT. A-2  
City-St-Zip: FAIRFAX, MD 22307

**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: LARRY A. GONZALES

MGRM

04/28/2008

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