

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056099

Entity Name: L.R.S., LLC

FILED
Jan 15, 2009
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

01/15/2009

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