2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2009
Secretary of State

DOCUMENT# L05000076486

Entity Name: RLH MACHINE TOOL, LLC

Current Principal Place of Business:

2984 ST CROIX DRIVE
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2984 ST CROIX DRIVE
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 20-3252161 **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:

LARISON, JO ANN
2984 ST CROIX DRIVE
CLEARWATER, FL 33759 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: LARISON, JO A
Address: 2984 ST CROIX DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM ( ) Delete
Name: HOPKINS, RICHARD L
Address: 3950 COVERLY CT
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete
Name: LARISON, GREGORY L
Address: 2984 ST CROIX DRIVE
City-St-Zip: CLEARWATER, FL 33759

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: JO ANN LARISON MGRM 08/30/2009

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