

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096562

Entity Name: DEMOND & ROBINSON LLC

FILED
May 18, 2008
Secretary of State

Current Principal Place of Business:

1808 NE 17TH AVE.
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

RR4, BOX 260
CLINTON, IL 61727

New Mailing Address:

FEI Number: 20-3590604 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:

Name and Address of New Registered Agent:

DEMOND, GARY
1808 NE 17TH AVE.
CAPE CORAL, FL 33909 US

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: ROBINSON, ANDREW B
Address: RR4, BOX 260
City-St-Zip: CLINTON, IL 61727

Title: MGRM () Delete
Name: ROBINSON, BONNIE L
Address: RR4, BOX 260
City-St-Zip: CLINTON, IL 61727

Title: MGRM () Delete
Name: DEMOND, GARY E
Address: 1808 NE 17TH AVE.
City-St-Zip: CAPE CORAL, FL 33909

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: BONNIE ROBINSON

MGMR

05/18/2008

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