

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096562

Entity Name: DEMOND & ROBINSON LLC

FILED
Apr 19, 2009
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:

13751 VALDERAMA CT
BURLESON, TX 76028

FEI Number: 20-3590604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOND, GARY
1808 NE 17TH AVE.
CAPE CORAL, FL 33909 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: 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: MGRM (X) Change () Addition
Name: ROBINSON, ANDREW B
Address: 13751 VALDERAMA C
City-St-Zip: BURLESON, TX 76028

Title: MGRM (X) Change () Addition
Name: ROBINSON, BONNIE L
Address: 13751 VALDERAMA CT
City-St-Zip: BURLESON, TX 76028

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 L ROBINSON

MGRM

04/19/2009

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