2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2009
Secretary of State

DOCUMENT# L05000096900

Entity Name: DAVID RAU PLASTERING AND STUCCO, LLC

Current Principal Place of Business:

2817 FACEVILLE HIGHWAY
BAINBRIDGE, GA 39819 US

New Principal Place of Business:

Current Mailing Address:

2817 FACEVILLE HIGHWAY
BAINBRIDGE, GA 39819 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

WHITAKER, THOMAS L SR.
1607 WOODGATE WAY
TALLAHASSEE, FL 32308 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:	RAU, DAVID	
Address:	2817 FACEVILLE HGWY	
City-St-Zip:	BAINBRIDGE, GA 39819 US	
Title:	MGR	( ) Delete
Name:	CABRERRA, PEDRO	
Address:	3178 CHATEL CREEK ROAD	
City-St-Zip:	HAVANA, FL 32333	
Title:	MGR	( ) Delete
Name:	PINEDA, CHRISTIAN	
Address:	4385 PT MILLIGAN RD	
City-St-Zip:	QUINCY, FL 32352	
Title:	MGR	( ) Delete
Name:	RAU, COLLEN	
Address:	2817 FACEVILLE HWY	
City-St-Zip:	BAINBRIDGE, GA 39819	

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:	
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: DAVID RAU MGRM 09/14/2009

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