

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054885

Entity Name: RURAL REVOLUTION LLC

FILED  
Jan 21, 2009  
Secretary of State

**Current Principal Place of Business:**

804 WEST SMITH STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

804 WEST SMITH STREET  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 58-8013470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS, KENDRA D  
804 WEST SMITH STREET  
ORLANDO, FL 32804 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: MEMB ( ) Delete  
Name: MORRIS, KEITH A MEMBER  
Address: 804 WEST SMITH STREET  
City-St-Zip: ORLANDO, FL 32804

Title: MEMB ( ) Delete  
Name: JONES, BETTY D MEMBER  
Address: P.O. BOX 65  
City-St-Zip: STOCKTON, MO 65785

Title: MEMB ( ) Delete  
Name: JONES, JAMES E MEMBER  
Address: P.O. BOX 65  
City-St-Zip: STOCKTON, MO 65785

**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: KENDRA MORRIS

OWNE

01/21/2009

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